

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N22441 (2)**  
1. Corporation Name

**HUNTINGTON AT THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486**  
Mailing Address: **5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486**

3. Date Incorporated or Qualified: **09/10/1987**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **65-0040888**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ISAACSON, WILLIAM K.  
5295 TOWN CENTER ROAD #200  
BOCA RATON FL 33486**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FEUERMAN, GEORGE</b>	
STREET ADDRESS	<b>17201 HUNTINGTON PARKWAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBSON, GERALD</b>	
STREET ADDRESS	<b>17104 HUNTINGTON PARK COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>STECKLOW, WILLIAM</b>	
STREET ADDRESS	<b>17192 HUNTINGTON PARK WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GEIMAN, ARTHUR</b>	
STREET ADDRESS	<b>5665 HUNTINGTON PARK COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLD, ANNE</b>	
STREET ADDRESS	<b>17152 HUNTINGTON PARKWAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>START, STANLEY</b>	
STREET ADDRESS	<b>17176 HUNTINGTON PARKWAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>D STECKLOW, WILLIAM</b>
33 STREET ADDRESS	<b>17192 Huntington Parkway</b>
34 CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>SD WILLENS, ROBERT</b>
43 STREET ADDRESS	<b>17136 Huntington Parkway</b>
44 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>PD GOLD, ANNE</b>
53 STREET ADDRESS	<b>17152 Huntington Parkway</b>
54 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>VPD SAFT, STANLEY</b>
63 STREET ADDRESS	<b>17176 Huntington Parkway</b>
64 CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*Anne Gold*

**ANNE GOLD, PRES 2-16-96 (407) 750-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)