

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750571** (2)

1. Corporation Name

**SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY CLUB
HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

~~3132 FORTUNE WAY, #D-32
SUITE D-33
WEST PALM BEACH FL 33414
US~~

Mailing Address

~~3132 FORTUNE WAY, #D-32
SUITE D-33
WEST PALM BEACH FL 33414
US~~

3. Date Incorporated or Qualified

01/11/1980

4. FEI Number

59-1990866

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUFRESNE, DONALD P.
12788 FOREST HILL BLVD.
2ND FLOOR
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name
MICHAEL H. NELSON
82 Street Address (P.O. Box Number is Not Acceptable)
12765 W. FOREST HILL BLVD #1302
83
84 City
WELLINGTON
FL
85 Zip Code
33414

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 *Michael H. Nelson*
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 ☐ DELETE

NAME **PD HAYES, ROY**
STREET ADDRESS **3285 SANTA BARBARA DR**
CITY-ST-ZIP **WEST PALM BCH FL 33414**

TITLE ☐ DELETE

NAME **VD FIRESTONE, MATT MATT**
STREET ADDRESS **8175 SANTA BARBARA DRIVE**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ DELETE

NAME **SD HERNANDEZ, JUDY**
STREET ADDRESS **152 ROY COURT CIRCLE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ DELETE

NAME **D HERNANDEZ, MARGIE**
STREET ADDRESS **4006 FOREST HILL BLVD #5**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ DELETE

NAME **TD SCHERER, ALLAN**
STREET ADDRESS **3132 FORTUNE WAY, #D-32**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **12765 W Forest Hill Blvd #1302**
1.4 CITY-ST-ZIP **WELLINGTON FL 33414**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VD FIRESTONE MATT**
2.3 STREET ADDRESS **12765 W FOREST Hill Blvd #1302**
2.4 CITY-ST-ZIP **WELLINGTON FL 33414**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **12765 W FOREST Hill Blvd #1302**
3.3 STREET ADDRESS **WELLINGTON FL 33414**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **12765 W FOREST Hill Blvd #1302**
4.3 STREET ADDRESS **WELLINGTON FL 33414**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **12765 W FOREST Hill Blvd #1302**
5.3 STREET ADDRESS **WELLINGTON FL 33414**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **MICHAEL H. NELSON**
6.3 STREET ADDRESS **12765 WEST FOREST Hill Blvd #1302**
6.4 CITY-ST-ZIP **WELLINGTON FL 33414**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Michael H. Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS **4/15/98** **561-753-7266**
Date Daytime Phone # 0042072

CR2E037 (10/97)