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Jun 03 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

N34898

KNIGHTS BRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5295 TOWN CENTER RD
SUITE 200
BOCA RATON, FL 33486

5295 TOWN CENTER RD
SUITE 200
BOCA RATON, FL 33486

3. Date Incorporated or Qualified

10/26/1989

4. FEI Number

65-0169757

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

ISAACSON, WM. K.
CO LANG. MANAGEMENT
5295 TOWN CENTER RD
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 PD ~~DELETE~~ ☐ DELETE
NAME URBAN, MELVIN CO LANG MGT
STREET ADDRESS 5295 TOWN CENTER RD #200
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE TSD ~~DELETE~~ ☐ DELETE
NAME BACH, HOWARD
STREET ADDRESS 16922 KNIGHTS BRIDGE LN.
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME URBAN, MELVIN CO LANG MGT
1.3 STREET ADDRESS 5295 TOWN CENTER RD #200
1.4 CITY-ST-ZIP BOCA RATON, FL 33486

2.1 TITLE S/D ☐ Change ☐ Addition
2.2 NAME BACH, HOWARD
2.3 STREET ADDRESS 16922 KNIGHTS BRIDGE LN
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME PROFESSOR, LEO CO LANG MGT
3.3 STREET ADDRESS 5295 TOWN CENTER RD #200
3.4 CITY-ST-ZIP BOCA RATON, FL 33486

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

MEL URBAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)