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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20322

1. Corporation Name

CATALINA AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

951 BROKEN SOUND PKWY.
250
BOCA RATON FL 33487

Mailing Address

951 BROKEN SOUND PKWY.
250
BOCA RATON FL 33487



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/24/1987

4. FEI Number

59-2803420

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

9. Name and Address of Current Registered Agent

MESSINGER, JOEL
COMMUNITY ASSOCIATION SERVICE
951 BROKEN SOUND BLVD.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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 D. ☒ DELETE
NAME RICHMOND, HARVEY
STREET ADDRESS 5166-D LAKE CATALINA DR.
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE
NAME SEYMOUR, LINK
STREET ADDRESS 5148-B LAKE CATALINA DR
CITY-ST-ZIP BOCA RATON FL 33496

TITLE SD ☐ DELETE
NAME GOTTDENKER, ROBERT
STREET ADDRESS 5082 A LAKE CATALINA
CITY-ST-ZIP BOCA RATON FL 33496

TITLE PD ☐ DELETE
NAME WEISBERGER, DAVID
STREET ADDRESS 5171 A LAKE CATALINA DR.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE TD ☐ DELETE
NAME ROSE, LEONARD D.
STREET ADDRESS 5094-B LAKE CATALINA DR.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

Date

Daytime Phone #

3/11/99

CR2E037 (11/98)