

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 010 ****70.00

DOCUMENT # *N22441^e*

1. Corporation Name
*HUNTINGTON AT THE POLO CLUB
HOMEOWNERS ASSOCIATION, INC.*

Principal Place of Business Mailing Address
*5295 TOWN CENTER RD.
SUITE 200
BOCA RATON, FL 33486*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <i>9-10-87</i>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <i>05-004-0888</i>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <i>WILLIAM K. ISAACSON 5295 TOWN CENTER RD. SUITE 200 BOCA RATON, FL 33428</i>	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0503 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.
W. Isaacson
SIGNATURE: _____ DATE: *4/16/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>PD PHILIP MILLER</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>17112 HUNTINGTON PARK WAY</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33496</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<i>ANNE GOLD</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>17152 HUNTINGTON PARK WAY</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33496</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<i>GERALD THORPSON</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>17104 HUNTINGTON PARK WAY</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33496</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<i>TD GEORGE FEUERMAN</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>17201 HUNTINGTON PARKWAY</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33496</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>SD SANDRA GREEN</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>17129 HUNTINGTON PARKWAY</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33496</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>SD IRWIN FEIT</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>17209 HUNTINGTON PARKWAY</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33496</i>

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 a letter like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #