

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-04-2004 90168 048 ****61.25

DOCUMENT # N20322

1. Entity 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**

00260133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-NP

CR2E037-10/03

City & State

City & State

4. FEI Number
59-2803420

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEYMOUR, LINK 5148-B LAKE CATALINA DR BOCA RATON, FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOTTDENKER, ROBERT 5082A LAKE CATALINA DRIVE BOCA RATON, FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPITALINE, ROBERT 5118-D LAKE CATALINA DR. BOCA RATON, FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SPITALNIC, ROBERT 5118-D LAKE CATALINA DRIVE BOCA RATON, FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAPIRO, IRWIN 5172-A LAKE CATALINA DR. BOCA RATON, FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIANHOIZ, HARVEY 5214 C LAKE Catalina Drive N. BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POSNER, Arthur 5118 A LAKE Catalina Drive BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARNOV, SEYMOUR 5147C LAKE CATALINA DRIVE BOCA RATON, FL 33496	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone