


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N14498		
1. Entity Name POLO ISLAND HOMEOWNERS ASSOCIATION, INC.		

FILED
05 MAY 10 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12773 W FOREST HILL WELLINGTON, FL 33414 US	Mailing Address 12773 W FOREST HILL WELLINGTON, FL 33414 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1201		Suite, Apt. #, etc. 1201	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 04-05
04252005 REIN NP CR2ED98 (6/04)

4. FEI Number 59-2697887		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, JOHN 12773 W FOREST HILL STE 1201 WEST PALM BEACH, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD S BUSHEY ROBERT 2874 POLO ISLAND DR. W PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANIATTY, CONNIE 2905 POLO ISLAND DR W PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300054744393 05/18/05--01055--005 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVERSANO, JANE 2864 POLO ISLAND DRIVE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HARRIS, JOHN 12773 W FOREST HILL STE 1201 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/17 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>John Harris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>4/25/05</u> <small>Date</small>	DAYTIME PHONE: <u>561-790-2092</u> <small>Daytime Phone #</small>
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