



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 750571 1. Entity Name SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.						FILED 06 MAY 16 AM 10:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business GRS MGMT ASSOCIATES, INC. 3900 WOODLAKE STE 309 LAKE WORTH, FL 33463 US				Mailing Address GRS MGMT ASSOCIATES, INC. 3900 WOODLAKE STE 309 LAKE WORTH, FL 33463 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1990866				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 <i>Please correct!</i> STEVEN JAY LEVINE DBA LEVINE AND BURR, ATTORNEYS 3300 PGA BLVD STE 530 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD ACARPA, GAYE 3612 AIHEN CT WEST PALM BEACH, FL 33414 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Morton, Val 3245 Santa Barbara Dr. Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANIO, SAL 11198 POLO CLUB RD WEST PALM BEACH, FL 33414 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shingler, Roger 3715 Middleburg Dr Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIRESTONE, MATT 3175 SANTA BARBARA DR WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAL V. SPANIO 11198 POLO CLUB RD Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUB, GLENN 11179 POLO CLUB ROAD WELLINGTON, FL 33414 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075553361 05/31/06--01023--007 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWERDLIN, SCOTT 13125 SOUTHFIELDS ROAD WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Swerdlin, Scott 13125 Southfields Rd Wellington, FL 33414 <input checked="" 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 exemptions contained in Chapter 119, 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				President 4/26/06 Date			
Daytime Phone #							