
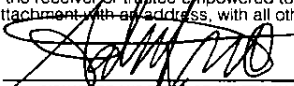


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90027 007 ****61.25

DOCUMENT # 750571 1. Entity Name SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.					
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 - No P.O. Box # 2328 S. CONGRESS AVENUE		3. Mailing Address 2328 S. CONGRESS AVENUE			
Suite, Apt. #, etc. SUITE 2A		Suite, Apt. #, etc. SUITE 2A			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33406	Country USA	Zip 33406	Country USA	4. FEI Number 59-1990866	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAY STEVEN LEVINE, PA 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VPD MORTON, VAL 3245 SANTA BARBARA DR WELLINGTON, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MORTON, VAL 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPANNO, SAL V 11198 POLO CLUB RD WEST PALM BEACH, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPANNO, SAL V 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHINGLER, ROGER 3715 MIDDLEBURG DR WELLINGTON, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHINGLER, ROGER 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAUB, GLENN 11179 POLO CLUB ROAD WELLINGTON, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAUB, GLENN 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD SWERDLIN, SCOTT 13125 SOUTHFIELDS ROAD WELLINGTON, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD SWERDLIN, SCOTT 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: 			4-06-07 561-798-7113 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					