## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT** THE SA DOCUMENT # N20322

## FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90078 001 \*\*\*\*61.25

| 1. Entity Nam   | ne<br>IA AT THE   | # 1420022<br>E POLO CLUB CO<br>IC.  | ONDOMI              | NIUM   |   |  |   | 110 2007 3   | 0070 001   |  |  |
|---|---|---|---------------------|--|---|--|---|--|--|--|--|
| 6300 PARK OF COMMERCE BLVD 63   |   |   | 6300                | ailing Address<br>300 PARK OF COMMERCE BLVD<br>OCA RATON, FL 33487 |   |  | 00\$  | 185 (20  |  |  |  |
| 2. Principal F  | Place of Busin  | ess - No P.O. Box #   | 3. Mailir           | ng Address   |   |  |   |  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |                     |  | 03302007  | Chg-NP   | CR2E037 (1  | 2/06)  |  |  |  |
| City & State  |   | City & State  |                     |  |   | 4. FEI Number 59-28034   | 20  |  | 1  | plied For<br>t Applicable              |  |
| Zip   |   | Country   | Zip                 |  | Cou   | intry  | 5. Certificate of   | Status Desired   |  | <b>75</b> Addi<br>Required             |  |
|   | 6. Name   | and Address of Current  | Registered          | Agent  |   | N  | 7. Name and Ad  | Idress of New R  | egistered Agen   | it                                     |  |
| CATALINA  | AT THE  | POLO CLUB CENO  | S                   |  |   | Name   |   |  |  |  |  |
| CATALINA AT THE POLO CLUB CENOS<br>6300 PARK OF COMMERCE BLVD<br>PRIME MANAGEMENT GROUP   |   |   |                     |  |   | Street Address   | (P.O. Box Number is   | s Not Acceptable   | e)   |  |  |
| BOCA RA   | ION, FL 3   | 33487-3229  |                     |  |   | -0.1   |   |  |  | 7:- 0                                  |  |
|   |   |   |                     |  |   | City   |   |  | FL   | Zip Code                               | )                                      |
| the obligat   | e named entity<br>tions of regist   | y submits this statement fo<br>ered agent.  | or the purpo        | se of changing its   | registere   | ed office or regist  | ered agent, or both, i  | in the State of Flo  | orida. I am famil  | iar with, a                            | and accept                             |
| SIGNATURE   | Signature, typed  | or printed name of registered agen  | t and tibe if apple | cable. (NOTE   | : Registered  | d Agent signature requir   | ed when reinstating)  | _  | DATE   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007   |   |   |                     |  |   |  |   |  |  |  |  |
|   | _   |   |                     | 9. Election Cam<br>Trust Fund C                                    |   |  | \$5.00 May Be<br>Added to Fees  | I  | ake check pay<br>ida Departme  |  |  |
| 10.   | _   |   | RECTORS             |  |   | ion. 🗆   | Added to Fees ADDITIONS/CHAN  | Flor<br>GES TO OFFICE  | ida Departmei<br>RS AND DIRECT   | nt of Sta                              | ate                                    |
| TITLE   | Due by M  | OFFICERS AND D  | RECTORS             |  | 11.   | ion.   | Added to Fees  ADDITIONS/CHAN  REASURBL,  | Flori<br>GES TO OFFICE   | ida Departmei<br>RS AND DIRECT   | nt of Sta                              | ate                                    |
| TITLE<br>NAME   | Due by M  | OFFICERS AND DI   | RECTORS             | Trust Fund C   | 11. TITLE   | TOP.   | Added to Fees  ADDITIONS/CHAN  REASURGE,  | GES TO OFFICE  | ida Departmei  | TORS IN                                | 10                                     |
| TITLE   | Due by M  D  KATZMAN  5220 D LA   | OFFICERS AND D  | RECTORS             | Trust Fund C   | 11. TITLE NAME STRE   | ion.   | Added to Fees  ADDITIONS/CHAN  REASURGE,  | Flori<br>GES TO OFFICE   | ida Departmei  | TORS IN                                | 10                                     |
| TITLE NAME STREET ADDRESS   | D KATZMAN 5220 D LA   | OFFICERS AND DI<br>N, HILLARY<br>KE CATALINA DR   | RECTORS             | Trust Fund C   | 11. TITLE NAME STRE   | et ADDRESS   | Added to Fees  ADDITIONS/CHAN  REASURGE,  | GES TO OFFICE  | ida Departmei  | TORS IN                                | 10                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | DUE by MODE NOT THE POSNER.   | OFFICERS AND DI<br>OFFICERS AND DI<br>I, HILLARY<br>IKE CATALINA DR<br>TON, FL 33496<br>ARTHUR  | RECTORS             | Trust Fund C   | 11. TITLE NAME STRE CITY TITLE  | et ADDRESS ST-ZIP  DI E  | Added to Fees  ADDITIONS/CHAN  REASURGE,  VICTOR  LSS C IC  | Floringes TO OFFICE  | Ida Departmei  | TORS IN Change                         | ate  10  Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | D<br>KATZMAN<br>5220 D LA<br>BOCA RA<br>VPT<br>POSNER,<br>5118-A LA   | OFFICERS AND DI<br>OFFICERS AND DI<br>I, HILLARY<br>KKE CATALINA DR<br>TON, FL 33496<br>ARTHUR<br>KKE CATALINA DR   | RECTORS             | Trust Fund C   | 11. TITLE NAME STRE CITY TITLE NAME STRE  | et address  Standards  Standards  Standards  Standards  Standards  Standards  Standards  Standards   | Added to Fees  ADDITIONS/CHAN RE15URBK/, VICLOC LSCIC SCORE C. EL Gre   | GES TO OFFICE  | Ida Departmei  | TORS IN Change                         | ate  10  Addition                      |
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changed, or on an attachment with an address, with all other like empowered.