2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DOCUMENT # **N34898**

1. Entity Name

Principal Place of Business

KNIGHTSBRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOC IATION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State
02-10-2003 90448 035 ****70.00

% LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486		% Lang Management 21045 Commercial Trail Boca Raton FL 33486				188 B 800	(() 8/80) (0//8 (0/0) 10/	T 81833 81831 818))) 818 11 8	 1811 81811 1881			
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 65	-0169757		_	pplied For		
Zip		Country	Zip	untry		5. Certificate of Status Desired \$8.75 Addition Fee Required							
	6 Name	and Address of Current F	legistered Agent				7. Name and Addr	ess of New Regi	stered Age	nt ~			
					Name								
WILLIAM	K. ISAACS	ON,			0								
	MANAGEM			Street Address			(P.O. Box Number is Not Acceptable)						
21045 C	OMMERCIAL	TRAIL											
	ATON FL 33							•					
					City				FL	Zip Coo	de		
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 an	d title if applicable (NO:	TE: Banistara	d Agent signat	turn maukod w	vhen reinstating)		DATE				
					a rigant signat	to o required w	men reinstating)		DATE				
FILE NOW: FEE IS \$61.25 9. Election Trust Fo				ımpaign F Contributi			\$5.00 May Be Added to Fees		Check Pa Departme				
10.		OFFICERS AND DIRE	CTORS	11.		ΑI	DDITIONS/CHANGE	S TO OFFICERS A	AND DIREC	TORS IN	V 10		
TITLE	VP		√ Delete	TITLE	:	PD				Change	☐ Addition		
NAME	LEVINSON		ſ	NAME	: 1	BACH,	HOWARD KNIGHTS		4.30		_		
STREET ADDRESS		GHTSBRIDGE LN	!	STRE	ET ADDRESS	1692	2 KNIGHTS	DKINGE !	LAINE				
CITY-ST-ZIP		EACH FL 33484		CITY-	·ST-ZIP	DELRY	AY BEACH,	FL 331	48. 7				
TITLE	ST		Delete	TITLE						Change	☐ Addition		
NAME	Bach, Ho		(-	NAME		LEVI	SON ALA 6 KNIGHT	in we	1 416		!		
STREET ADDRESS		GHTS BRIDGE LANE		STREE	ET ADDRESS	1692	6 KNIGHT	SPRIME		_	J		
CITY-ST-ZiP	DELRAY B	EACH FL 33484		CITY	ST-ZIP	DELT	RAY-BEA	JA, FC 3	3 <i>4</i> 84:				
TITLE	S		ï Delete	TITLE		ST	D '			Change	Addition		
NAME	DIAMOND,		r	NAME	:	RUB	IN, JIM	_		·	_		
STREET ADDRESS	16862 KNI	ghtsbridge LN		STREE	ET ADDRESS	1682	2 KNIGHTS	BRIDGE	LANE		}		
CITY-ST-ZIP	DELRAY B	EACH FL 33484		CITY-	ST-ZIP	DELF	vay beach	1, FL 33	484				
TITLE	D		∑ Delete	TITLE		D C				Change	Addition		
NAME	RUBIN, JIM	l		NAME		RUB	IN, JOYCE	E	_	g			
STREET ADDRESS	16822 KNI	GHTSBRIDGE LN		STREE	T ADDRESS	16819	a KNIGHT	BRIDGE	LAN	E.			
CITY-ST-ZIP	DELRAY B	EACH FL 33484		CITY-	ST-ZiP	DFU	RAY BEAC	H. FL 3	3484	-			
TITLE	D		Delete	TITLE		D				Change	Addition		
NAME	RUBIN, JO	YCE	F 55,000	NAME	r	DIAM	OND, ALL	CE		Onlange			
STREET ADDRESS	16819 KNI	10040 MAIO TOPPIDOF 11		STREE	T ADDRESS :	11,80	2 KUGHTS	BRIDGE	LANI	E			
CITY-ST-ZIP		EACH FL 33484			ST-ZIP		RAY BEAC						
TITLE		,	☐ Delete	TITLE	- 1		Y.Y LINE	~~~		L Change	☐ Addition		
NAME				NAME	- 1				<u></u>	onanyō			
STREET ADDRESS					T ADDRESS		*						
CITY-ST-ZIP					ST-ZIP								
12 hereby c	ertify that the	information supplied with th	in filing plans ++1 115 . f-			0					_		

I hereby certify that the information supplied with this filling 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 executive tas 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:

(561)496-3334

CR2E037 (10/02)