

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750571

**FILED**  
**Apr 27, 2014**  
**Secretary of State**  
**CC9933998916**

**Entity Name:** SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11199 POLO CLUB ROAD  
SUITE 3  
WELLINGTON, FL 33414

**Current Mailing Address:**

11199 POLO CLUB ROAD  
SUITE 3  
WELLINGTON, FL 33414

**FEI Number: 59-1990866**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EFFECTIVE SOLUTIONS, INC.  
11199 POLO CLUB ROAD  
SUITE 3  
WELLINGTON, FL 33414 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RILEY, SCHUYLER  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name STRAUB, GLENN  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title SD  
Name SHINGLER, ROGER  
Address 11199 POLO CLUB ROAD, SUITE 3  
City-State-Zip: WELLINGTON FL 33414

Title VP, D, T  
Name SWERDLIN, SCOTT  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title DP  
Name NELSON, MICHAEL H  
Address 11199 POLO CLUB ROAD, SUITE 3  
City-State-Zip: WELLINGTON FL 33414

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL H NELSON**

**PRESIDENT**

**04/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date