## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004242

Entity Name: POLO PLAYERS SUPPORT GROUP, INC.

FILED
Mar 03, 2014
Secretary of State
CC8484326548

## **Current Principal Place of Business:**

8374 MARKET ST.

**BOX 485** 

BRADENTON, FL 34202-5137

# **Current Mailing Address:**

8374 MARKET ST.

**BOX 485** 

BRADENTON, FL 34202-5137

FEI Number: 65-1122507 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MORIARTY & CHIOFALO, P.A. 1001 3RD AVE. WEST SUITE 650 BRADENTON, FL 34205 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: BRENDEN S. MORIARTY 03/03/2014

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title DPT Title D

NameOFFEN, DAVIDNameOFFEN, TODDAddress8374 MARKET ST., BOX 485Address481 AZZURE ST

City-State-Zip: BRADENTON FL 34202-5137 City-State-Zip: WELLINGTON FL 33414

Title DS Title DVP

Name COPPOLA, ANTHONY Name GANNON, TIM

Address 8374 MARKET ST., BOX 485 Address 2202 N WESTSHORE BLVD SUITE 500

City-State-Zip: BRADENTON FL 34202 City-State-Zip: TAMPA FL 33601

Title D Title D

NameMORIARTY, BRENDEN SNameORTHWEIN, VIRGINIAAddress1001 3RD AVE. WEST, SUITE 650Address2730 S. LINDBERGH BLVD.City-State-Zip:BRADENTON FL 34205ST. LOUIS NO. 63434

ry-State-Zip: BRADENTON FL 34205 City-State-Zip: ST. LOUIS MO 63131

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.