

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004242

Entity Name: POLO PLAYERS SUPPORT GROUP, INC.**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
Name	OFFEN, DAVID
Address	8374 MARKET ST., BOX 485
City-State-Zip:	BRADENTON FL 34202-5137

Title	D
Name	OFFEN, TODD
Address	481 AZZURE ST
City-State-Zip:	WELLINGTON FL 33414

Title	DS
Name	COPPOLA, ANTHONY
Address	8374 MARKET ST., BOX 485
City-State-Zip:	BRADENTON FL 34202

Title	DVP
Name	GANNON, TIM
Address	2202 N WESTSHORE BLVD SUITE 500
City-State-Zip:	TAMPA FL 33601

Title	D
Name	MORIARTY, BRENDEN S
Address	1001 3RD AVE. WEST, SUITE 650
City-State-Zip:	BRADENTON FL 34205

Title	D
Name	ORTHWEIN, VIRGINIA
Address	2730 S. LINDBERGH BLVD.
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.

SIGNATURE: DAVID OFFEN

DPT

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date