

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34898

**Entity Name:** KNIGHTSBRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC4510346559**

**Current Principal Place of Business:**

% GLORIA O. NORTH, P.A.  
400 SOUTH DIXIE HIGHWAY, SUITE323  
BOCA RATON, FL 33432

**Current Mailing Address:**

P.O. BOX 6286  
BOCA RATON, FL 33427

**FEI Number: 65-0169757**

**Certificate of Status Desired: No**

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

ASSOCIATED CORPORATE SERVICES, LLC  
C/O SACHOS SAX CAPLAN  
6111 BROKEN SOUND PKWY NW STE 200  
BOCA RATON, FL 33487 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 PD  
Name BACH, HOWARD  
Address 16922 KNIGHTSBRIDGE LANE  
City-State-Zip: DELRAY BEACH FL 33484

Title VPD  
Name HOWARD, STANLEY  
Address 16915 KNIGHTSBRIDGE LANE  
City-State-Zip: DELRAY BEACH FL 33484

Title STD  
Name CHETKOF, BERNIE  
Address 16787 KNIGHTSBRIDGE LANE  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name NIEDERMAN, VIVIAN  
Address 16774 KNIGHTSBRIDGE LANE  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name KENT, IRA  
Address 16882 KNIGHTSBRIDGE LANE  
City-State-Zip: DELRAY BEACH FL 33484

*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: HOWARD BACH**

**PRESIDENT**

**04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date