

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001496

FILED
Jan 11, 2018
Secretary of State
CC8674810394

Entity Name: POLO PARK EAST RO ASSOCIATION, INC.

Current Principal Place of Business:

525 POLO PARK EAST BLVD
DAVENPORT, FL 33897

Current Mailing Address:

525 POLO PARK EAST BLVD
DAVENPORT, FL 33897 US

FEI Number: 59-3372280

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAWKINS, HAROLD E
POLO PARK EAST BLVD.
525 POLO PARK EAST RO INC
DAVENPORT, FL 33897 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	PRES
Name	BOSS, GARY
Address	314 JOANNE DR
City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR, SECRETARY
Name	LEWIS, HELEN
Address	338 JOANNE DR.
City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR
Name	COOK, DONALD
Address	525 POLO PARK EAST BLVD
City-State-Zip:	DAVENPORT FL 33897
Title	TREASURER
Name	NADEAU, PERRY
Address	809 POLO PARK EAST BLVD
City-State-Zip:	DAVENPORT FL 33897

Title	VP
Name	HAWKINS, HAROLD
Address	301 SUE AVE
City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR
Name	KALLBERG, STEVE
Address	104 SUE AVENUE
City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR
Name	YOERGER, JOSEPH
Address	543 DREAMA DR.
City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR
Name	GLOTFELTY, KEN
Address	215 SUE AVE
City-State-Zip:	DAVENPORT FL 33897

Continues on page 2

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: PERRY NADEAU

TREASURER

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SARGEANT, KAREN
Address 324 SUE AVE
City-State-Zip: DAVENPORT FL 33897