2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001496

Entity Name: POLO PARK EAST RO ASSOCIATION, INC.

FILED
Jan 11, 2018
Secretary of State
CC8674810394

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 Title VP

Name BOSS, GARY Name HAWKINS, HAROLD

Address 314 JOANNE DR Address 301 SUE AVE

City-State-Zip: DAVENPORT FL 33897 City-State-Zip: DAVENPORT FL 33897

Title DIRECTOR, SECRETARY Title DIRECTOR

Name LEWIS, HELEN Name KALLBERG, STEVE Address 338 JOANNE DR. Address 104 SUE AVENUE

City-State-Zip: DAVENPORT FL 33897 City-State-Zip: DAVENPORT FL 33897

Title DIRECTOR Title DIRECTOR

Name COOK, DONALD Name YOERGER, JOSEPH
Address 525 POLO PARK EAST BLVD Address 543 DREAMA DR.

City-State-Zip: DAVENPORT FL 33897 City-State-Zip: DAVENPORT FL 33897

Title TREASURER Title DIRECTOR

Name NADEAU, PERRY Name GLOTFELTY, KEN

Address 809 POLO PARK EAST BLVD Address 215 SUE AVE

City-State-Zip: DAVENPORT FL 33897 City-State-Zip: DAVENPORT FL 33897

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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