

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001496

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC7986757722**

**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	D
Name	KALLBERG, STEVE
Address	104 SUE AVENUE
City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR
Name	DOHREN, JAMES
Address	525 POLO PARK EAST BLVD
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**

**01/13/2017**

\_\_\_\_\_  
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