

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001496

FILED
Feb 21, 2019
Secretary of State
9947013262CC

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:

COOK, DONALD JAMES
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: DONALD JAMES COOK

02/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES	Title	DIRECTOR, SECRETARY
Name	BOSS, GARY	Name	LEWIS, HELEN
Address	314 JOANNE DR	Address	338 JOANNE DR.
City-State-Zip:	DAVENPORT FL 33897	City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR	Title	VP
Name	KALLBERG, STEVE	Name	COOK, DONALD
Address	104 SUE AVENUE	Address	525 POLO PARK EAST BLVD
City-State-Zip:	DAVENPORT FL 33897	City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR	Title	TREASURER
Name	YOERGER, JOSEPH	Name	NADEAU, PERRY
Address	543 DREAMA DR.	Address	809 POLO PARK EAST BLVD
City-State-Zip:	DAVENPORT FL 33897	City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR	Title	DIRECTOR
Name	PARTINGTON, GUY	Name	SARGEANT, KAREN
Address	535 DREAMA DR	Address	324 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: DONALD JAMES COOK

VP

02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HATLEY, LC
Address 669 DREAMA DR
City-State-Zip: DAVENPORT FL 33897