

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001496

**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            T  
Name            BUTLER, THERESA  
Address        102 RITA BEE AVE.  
City-State-Zip: DAVENPORT FL 33897

Title            S  
Name            MEYER, VICTOR  
Address        526 DREAMA  
City-State-Zip: DAVENPORT FL 33897

Title            VP  
Name            HAWKINS, HAROLD  
Address        301 SUE AVE  
City-State-Zip: DAVENPORT FL 33897

Title            D  
Name            LEWIS, HELEN  
Address        338 JOANNE DR.  
City-State-Zip: DAVENPORT FL 33897

Title            D  
Name            KALLBERG, KENNETH  
Address        204 RITA BEE AVE.  
City-State-Zip: DAVENPORT FL 33897

*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:** HAROLD E. HAWKINS

VP

01/28/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date