

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 26, 2016**

**Secretary of State**

**CC0727132988**

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

Title DIRECTOR, SECRETARY  
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

Title DIRECTOR  
Name COOK, DONALD  
Address 525 POLO PARK EAST BLVD  
City-State-Zip: DAVENPORT FL 33897

Title DIRECTOR  
Name DOHREN, JAMES  
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 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**

**01/26/2016**

\_\_\_\_\_  
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