

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

744838

1. Corporation Name

Palm Beach Polo and Country Club POA

Principal Place of Business

Mailing Address

11809 Polo Club Road

11809 Polo Club Road

West Palm Beach, FL 33414 West Palm Beach, FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1978

3a. Date of Last Report

05/04/94

4. FEI Number

59-1877090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Election Campaign Financing

\$5.00

May Be Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental

Tax Exempt Status

☐

Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

R. C. McLaughlin

82 Street Address (P.O. Box Number is Not Acceptable)

11809 Polo Club Road

83 West Palm Beach, FL 33414

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

R. C. McLaughlin

R. C. McLaughlin

04/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. C. McLaughlin

R. C. McLaughlin

04/28/95 (407) 798-7120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number