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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744838 (4)

1. Corporation Name
PALM BEACH POLO AND COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 11809 POLO CLUB ROAD WEST PALM BEACH FL 33414	Mailing Address 11809 POLO CLUB ROAD WEST PALM BEACH FL 33414-6061
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3. Date Incorporated or Qualified 11/06/1978	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 12785-C Forest Hill Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 12785-C Forest Hill Blvd. Suite, Apt. #, etc.
22 City & State 23 Wellington FL	27 City & State 28 Wellington FL
24 Zip 33414 Country USA	29 Zip 33414 Country USA

4. FEI Number 59-1877090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCLAUGHLIN, R.C.
11809 POLO CLUB ROAD
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name John Newsome
82 Street Address (P.O. Box Number Is Not Acceptable)
83 12785-C Forest Hill Blvd
84 City Wellington FL
85 Zip Code 33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of Section 617.0508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-7-97**

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MCLAUGHLIN, R.C.	
STREET ADDRESS 11809 POLO CLUB ROAD	
CITY-ST-ZIP WEST PALM BEACH FL 33414	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME CARR, DAN	
STREET ADDRESS 11809 POLO CLUB ROAD	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME JOHNSON, NANCY	
STREET ADDRESS 11809 POLO CLUB ROAD	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HEGARTY, MARYBETH	
STREET ADDRESS 11809 POLO CLUB ROAD	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME OCONNOR, TIM	
STREET ADDRESS 11809 POLO CLUB ROAD	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Allen B. Snow	
1.3 STREET ADDRESS 11809 Polo Club Rd.	
1.4 CITY-ST-ZIP Wellington FL 33414	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Jack Welsh	
2.3 STREET ADDRESS 11809 Polo Club Rd	
2.4 CITY-ST-ZIP Wellington FL 33414	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Tammy Greeley	
3.3 STREET ADDRESS 11809 Polo Club Rd.	
3.4 CITY-ST-ZIP Wellington FL 33414	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Clark Hetherington	
4.3 STREET ADDRESS 11809 Polo Club Rd.	
4.4 CITY-ST-ZIP Wellington FL 33414	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* DATE: **4-7-97** DAYTIME PHONE: **798-7282**

CP2E037 (9/96)