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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

Mailing Address

11809 POLO CLUB ROAD
WEST PALM BEACH FL 33414

11809 POLO CLUB ROAD
WEST PALM BEACH FL 33414-6061



3. Date Incorporated or Qualified **11/06/1978** 3a. Date of Last Report **03/08/1996**

2. Principal Place of Business

2a. Mailing Address

21 **12785-C Forest Hill Blvd**

26 **12785-C Forest Hill Blvd.**

4. FEI Number
59-1877090

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **Wellington FL**

28 **Wellington FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip **33414**

Country **USA**

Zip **33414**

Country **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

1.1 TITLE	D	<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	D	<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	D	<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	D	<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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

798-7282

Date

Daytime Phone # 0041165

CR2E037 (9/96)