


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90195 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744838**

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

Principal Place of Business 12875-C FOREST HILL BLVD WELLINGTON FL 33414 US	Mailing Address 12785-C FORESTTT HILL BLVD WELLINGTON FL 33414 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/06/1978	4. FEI Number 59-1877090 Applied For Not Applicable
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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
9. Name and Address of Current Registered Agent NEWSOME, JOHN 12785-C FOREST HILL BLVD WELLINGTON FL 33414	
10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNOW, ALLAN	1.2 NAME	D. Craig Gale
STREET ADDRESS	11809 POLO CLUB ROAD	1.3 STREET ADDRESS	11809 Polo Club Rd.
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	Wellington FL 33404
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSH, JACK	2.2 NAME	D. Calixto Garcia
STREET ADDRESS	11809 POLO CLUB ROAD	2.3 STREET ADDRESS	11809 Polo Club Rd.
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	Wellington FL 33404
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREELY, TAMMY	3.2 NAME	
STREET ADDRESS	11809 POLO CLUB ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAL SPANO	4.2 NAME	
STREET ADDRESS	11809 POLO CLUB ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCONNOR, TIM	5.2 NAME	
STREET ADDRESS	11809 POLO CLUB ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/5/99 PHONE: 561 798-7113  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)