


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744838</b>					
1. Entity Name <b>PALM BEACH POLO AND COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>11199 POLO CLUB RD WELINGTON FL 33414 US</b>			Mailing Address <b>11199 POLO CLUB RD WELINGTON FL 33414 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1877090</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GALLE, CRAIG 11199 POLO CLUB RD WELINGTON FL 33414</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature is required when re-appointing)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>GALLE, CRAIG</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>11198 POLO CLUB RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WELINGTON FL 33414</b>	CITY-ST-ZIP	<b>U00000306014 02/06/08-80025-005 \$1.25</b>		
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>GARCIA, CALIXTO</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>11198 POLO CLUB ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WELINGTON FL 33414</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>BUSHEY, ROBERT</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>11198 POLO CLUB RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WELINGTON FL 33414</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>SAL SPANO</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>11198 POLO CLUB ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WELINGTON FL 33414</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>LANCIANESE, PERRY</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>11198 POLO CLUB RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WELINGTON FL 33414</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>SERGEANT, ANGELA</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>11198 POLO CLUB ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WELINGTON FL 33414</b>	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Signature]* President 1-28-08 561-798-7113