

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

APPROVED AND FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # L38996 (9)
1. Corporation Name
SOUTH SHORE POLO CLUB, INC.

Principal Place of Business Making Address
13659 52ND PL. SO. WEST PALM BEACH FL 33414 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1989** 3a. Date of Last Report **07/12/1994**
4. FEI Number **36-3700735** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Elect to be subject to Florida Tax **\$5.00 May Be Added to Fees**
8. The corporation has liability for intangible tax under s. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Making Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 County 25 County 29 City 30 City

9. Name and Address of Current Registered Agent
**GREENE, JOHN T.
13442 INDIAN MOUND RD.
12766 W. FOREST HILL BOULEVARD #1301
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent
01 Name **JOHN T. GREENE**
02 Street Address (P.O. Box Number is Not Acceptable) **13442 INDIAN MOUND ROAD**
03
04 City **WEST PALM BEACH** 05 Zip Code **FL 33414**

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and the filer) Registered Agent signature is required when registering

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENE, JOHN T.
STREET ADDRESS	13334 POLO CLUB RD #218
CITY ST ZIP	WEST PALM BEACH FL
TITLE	D
NAME	KLERONOMOS, ANGELO C.
STREET ADDRESS	6621 RT 71
CITY ST ZIP	YORKVILLE IL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information supplied in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. (Do not check this box if you are filing with an address.)

SIGNATURE _____
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN T. GREENE, PRESIDENT

JUNE 30, 1995

CR2004 (3/95)