2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008559

1. Entity Name
THE POLO GROUNDS AT POINTE WEST PROPERTY

FILED Mar 26, 2007 8:00 am Secretary of State

03-26-2007 90066 044 ****61.25

OWNERS' ASSOCIATION, INC.				'		
Principal Plac 6050 5TH S VERO BEACH		Mailing Address 6050 5TH ST. SW VERO BEACH, FL 32968		40041381	L	
100 V	Place of Business - No P.O. Box #	3. Mailing Address	Royde Bluz	<u> </u>		
Suite, Apt.		Suite, Apt. #, etc.	•	01182007 Chg-NP	CR2E037 (12/06).	
City & Stat	" Beach FL	Vers Beach	FL	4. FEI Number 65-0921128		ied For Applicable
37,96	2 Country	3296Z	Country	5. Certificate of Status Des	sired \$8.75 Addition Fee Required	onal
6. Name and Address of Current Registered Agent				7. Name and Address of	New Registered Agent	
BLOCK, SAMUEL ESQ			Name Street Address	(P.O. Box Number is Not Acce	ed Mchagena	#
VERO BEACH, FL 32963				- CV 1 1 2 0		·
			City	O VISTE DULY	FI ZOCOON	
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. Tam familiar with, and accept the obligation of the state of Florida.						
the obligations of gistered agent.						
SIGNATURE VIII A DONE KENT						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) OATE						
\	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	pistered Agent signature requir	red when reinstating)	DATE	
\	Filing Fee is \$61.25	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Make check payable to Florida Department of Stat	ie.
10	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of Stat	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attackment with an address, with all other like empowered.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/07 772.567-0000

Daytime Phone #