

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005650

FILED
Apr 21, 2004
Secretary of State**Entity Name:** PROFESSIONAL POLO PLAYERS ASSOCIATION, INC.**Current Principal Place of Business:**8374 MARKET ST.
BOX 485
BRADENTON, FL 34202**New Principal Place of Business:****Current Mailing Address:**8374 MARKET ST.
BOX 485
BRADENTON, FL 34202**New Mailing Address:****FEI Number:** 65-1135174**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORIARTY, BRENDEN S
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205**Name and Address of New Registered Agent:**MORIARTY, BRENDEN S
1111 3RD AVE. WEST
SUITE 210
BRADENTON, FL 34205

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.

SIGNATURE: _____

04/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPVS () Delete
Name: OFFEN, DAVID
Address: 8374 MARKET ST., BOX 485
City-St-Zip: BRADENTON, FL 34202**Title:** D () Delete
Name: OFFEN, TODD
Address: 481 AZZURE ST
City-St-Zip: WELLINGTON, FL 33414**Title:** D () Delete
Name: COPPOLA, ANTHONY
Address: 13889 WELLINGTON TRACE, A10
City-St-Zip: WELLINGTON, FL 33414**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID OFFEN

DPVS

04/21/2004

Electronic Signature of Signing Officer or Director

Date