2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # N02000007523** 1. Entity Name VILLAS AT POLO PARK OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 12727 US HWY 27 N 12727 US HWY 27 N DAVENPORT, FL 33837 DAVENPORT, FL 33837 04062004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2670892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS & DO NOT WRITE TRADE CENTRE S, STE 700 100 W CYPRESS CREEK RD IN THIS SPACE FT LAUDERDALE, FL 33309 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, typed or printed name of registered agent and tide it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS 10. THILE NAME BOSS, DANIEL P STREET ADDRESS 12727 US HWY 27 N CITY-ST-ZIP DAVENPORT, FL 33837 U00000114645 04/15/04-80059-001 61.25 BILE COOK, MARK NAME STREET ADDRESS 12727 US HWY 27 N CITY-ST-ZIP DAVENPORT, FL 33837 HILE NAME GILLETT, GLEN STREET ADDRESS 12727 US HWY 27 N DO NOT WRITE CITY-ST-ZIP DAVENPORT, FL 33837 IN THIS SPACE BILE NAME

12. Thereby certify that the information supplied with this filling does not qualify 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 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:

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Dayture Phone #

FILED