

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

02-03-2003 90135 006 ****61.25

DOCUMENT # N02000007523

1. Entity Name

VILLAS AT POLO PARK OWNERS ASSOCIATION, INC.



Principal Place of Business

**12727 US HWY 27 N
DAVENPORT FL 33837**

Mailing Address

**12727 US HWY 27 N
DAVENPORT FL 33837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2670892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS &
TRADE CENTRE S, STE 700
100 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BOSS, DANIEL P**
STREET ADDRESS **12727 US HWY 27 N**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COOK, MARK**
STREET ADDRESS **12727 US HWY 27 N**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GILLET, GLEN**
STREET ADDRESS **12727 US HWY 27 N**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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: **MANUEL AUGUSTO REQUENA**

517-546-4836

CR2E037 (4/03)

Attachment#

44005698

05/06/2014

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. Passport Number	Issued For Not Applicable
5. Certificate of Status <u>105-444</u>	\$8.75 Additional Fee Required

5 Name and Address of Current Registered Agent	
<p>GREENSPOON MARDER HIRSCHFELD RAKIN ROSS & TRADE CENTRE S, STE 700 100 W CYPRESS CREEK RD FT LAUDERDALE FL 33309</p>	<p>Name _____</p> <p>Street Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip _____</p>

7. Name and Address of New Registered Agent

8. The above named entity is/is not a foreign entity. If the campaign financing no. is registered office and the campaign financing no. is registered office.

9. Election Campaign Financing
In the State of California ☐

FILE NOW: FEE IS \$61.25

[illegible]

10. OFFICERS AND DIRECTORS		11.	
NAME TITLE ADDRESS CITY STATE ZIP	D BOSS, DANIEL P 12727 US HWY 27 N DAVENPORT FL 33837	<input type="checkbox"/> Chair	NAME TITLE ADDRESS CITY STATE ZIP
NAME TITLE ADDRESS CITY STATE ZIP	D COOK, MARK 12727 US HWY 27 N DAVENPORT FL 33837	<input type="checkbox"/> Chair	NAME TITLE ADDRESS CITY STATE ZIP
NAME TITLE ADDRESS CITY STATE ZIP	D GILLET, GLEN 12727 US HWY 27 N DAVENPORT FL 33837	<input type="checkbox"/> Chair	NAME TITLE ADDRESS CITY STATE ZIP
NAME TITLE ADDRESS CITY STATE ZIP		<input type="checkbox"/> Chair	NAME TITLE ADDRESS CITY STATE ZIP
NAME TITLE ADDRESS CITY STATE ZIP		<input type="checkbox"/> Chair	NAME TITLE ADDRESS CITY STATE ZIP
NAME TITLE ADDRESS CITY STATE ZIP		<input type="checkbox"/> Chair	NAME TITLE ADDRESS CITY STATE ZIP

12. I hereby certify that the information and data furnished in this report are true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if the information contained in this report was true and correct to the best of my knowledge and belief. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE: M. A. C. C. C. 1/29/3 517-546-4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR