

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90432 049 \*\*\*\*61.25

**DOCUMENT # N03000008937**

1. Entity Name  
POLO RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
3960 N. OCEAN BLVD., UNIT 1  
DELRAY BEACH, FL 33483

Mailing Address  
3960 N. OCEAN BLVD., UNIT 1  
DELRAY BEACH, FL 33483

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007 Chg-NP

CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONAGHAN, TIMOTHY E  
54 N.E. FOURTH AVE.  
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE D ☒ Delete  
NAME WIETSMA, WILLIAM  
STREET ADDRESS 54 N E 4TH AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D ☒ Delete  
NAME ELMORE, GEORGE T  
STREET ADDRESS 54 N E 4TH AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D ☒ Delete  
NAME STRAWN, JOEL T  
STREET ADDRESS 54 N E 4TH AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME PETER G. BAIAS II MS.  
STREET ADDRESS 3960 N. OCEAN BLVD Unit 1  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE V. PRESIDENT ☐ Change ☒ Addition  
NAME RONALD D. PETERSEN  
STREET ADDRESS 3960 N. OCEAN BLVD. Unit 5  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE TREASURER ☐ Change ☒ Addition  
NAME WILLIAM WEISS  
STREET ADDRESS 3960 N. OCEAN BLVD Unit 6  
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE ☐ Change ☐ Addition  
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 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 attachment with an address, with all other like empowered.

SIGNATURE:

*Peter G. Balla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07  
Date

561 987-9002  
Daytime Phone #