

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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40050660



04252007 Chg-NP CR2E037 (12/06)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input checked="" type="checkbox"/> Delete
NAME	WIETSMA, WILLIAM	
STREET ADDRESS	54 N E 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELMORE, GEORGE T	
STREET ADDRESS	54 N E 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAWN, JOEL T	
STREET ADDRESS	54 N E 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD D. PETERSEN	
STREET ADDRESS	3960 N. OCEAN BLVD. Unit 5	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM WEISS	
STREET ADDRESS	3960 N. OCEAN BLVD Unit 6	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 - ADD Date: 4-25-07 Daytime Phone #: 561 989-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR