


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90019 016 ****61.25

DOCUMENT # N04000001724	
1. Entity Name FLORIDA POLOCROSSE ASSOCIATION, INC.	

Principal Place of Business 31920 INVESTOR ROAD SORRENTO, FL 32776	Mailing Address 31920 INVESTOR ROAD SORRENTO, FL 32776
--	--

2. Principal Place of Business Suite, Apt. #, etc. 37020 MILL STREAM CT.	3. Mailing Address 37020 MILL STREAM CT. Suite, Apt. #, etc.
City & State EUSTIS, FL	City & State EUSTIS, FL
Zip 32736 Country USA	Zip 32736 Country USA

10010001



02072005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent BREHM, LAURA A 31920 INVESTOR ROAD SORRENTO, FL 32776	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 37020 MILL STREAM COURT City EUSTIS, FL Zip Code 32736
---	---

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 *Laura Brehm* (NOTE: Registered Agent signature required when reinstating) DATE 2-14-05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D BREHM, LAURA 31920 INVESTOR ROAD SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Brehm, Laura 37020 MILL STREAM CT EUSTIS, FL 32736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCARELLA, VINCENT 4628 NORTH U.S. HIGHWAY 301 WILDWOOD, FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECKES, BARBARA 11102 CRESCENT BAY BOULEVARD CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIL BURNS 10120 SHOOTING STAR CT NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T Arlene Russell 38032 BROOKSIDE DRIVE EUSTIS, FL 32736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Laura Brehm, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 Date

352-267-0845 Daytime Phone #