

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90121 021 ****61.25

DOCUMENT # N04000003936

1. Entity Name
**FLAGLER BEACH POLO CLUB HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**301 S. CENTRAL AVE.
FLAGLER BEACH, FL 32136**

Mailing Address
**301 S. CENTRAL AVE.
FLAGLER BEACH, FL 32136**

40033296



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
51-0521436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNER, TIMOTHY J ATTY
2 JUNGLE HUT RD STE 1
PALM COAST, FL 32137**

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, 2006**

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
SMITH, RICH
301 S CENTRAL AVE
FLAGLER BCH, FL 32136** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONNER, TIMOTHY J
2 JUNGLE HUT RD
PALM COAST, FL 32137** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Cooke Thomas
500 Lambert Ave
Flagler Beach, FL 32136** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, LISA
301 S CENTRAL AVE
FLAGLER BCH, FL 32136** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President, Director
Dea, Donald
1580 Lambert Ave
Flagler Beach, FL 32136** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Harrison, Robert
45 Audubon Lane
Flagler Beach, FL 32136** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Matthews, Thomas
5816 John Anderson Hwy
Flagler Beach, FL 32136** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Rich Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 386-439-3011
Date Daytime Phone #