2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006
Secretary of State

DOCUMENT# N05000010637

Entity Name: POLO GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5 HARGROVE GRADE
PALM COAST, FL 32137

New Principal Place of Business:

7350 NW 4TH ST
PLANTATION, FL 33317

Current Mailing Address:

5 HARGROVE GRADE
PALM COAST, FL 32137

New Mailing Address:

4800 N FEDERAL HWY
SUITE A205
BOCA RATON, FL 33431

FEI Number: 20-3657589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARKINS, WILLIAM
Address: 5 HARGROVE GRADE
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete
Name: ROBINSON, GREG
Address: 5 HARGROVE GRADE
City-St-Zip: PALM COAST, FL 32137

Title: DTS ( ) Delete
Name: MCLAUGHLIN, JOHN
Address: 5 HARGROVE GRADE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HARKINS PD 08/10/2006

Electronic Signature of Signing Officer or Director — Date