2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05000010637

Entity Name: POLO GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7350 NW 4TH ST
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

13860 BALLANTYNE CORPORATE PLACE
SUITE 130
CHARLOTTE, NC 28277 US

New Mailing Address:

FEI Number: 20-3657589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL
1501 NORTH WEST 49TH STREET - SUIT 202
FORT LAUDERDALE, FL 33309 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: PETERSON, BRETT J.
Address: 13860 BALLANTYNE CORPORATE PL, STE. 130
City-St-Zip: CHARLOTTE, NC 28277 US

Title: VD ( ) Delete
Name: KESSLER, RON
Address: 7420 NW 4TH STREET UNIT 109
City-St-Zip: PLANTATION, FL 33317 US

Title: STD ( ) Delete
Name: ALEXANDER, KEITH
Address: 13860 BALLANTYNE CORPORATE PL, STE. 130
City-St-Zip: CHARLOTTE, NC 28277 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: OSORNO, MONIA
Address: 7380 NW 4TH STREET UNIT 103
City-St-Zip: PLANTATION, FL 33317 US

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL PRESTON LCAM 03/23/2009

Electronic Signature of Signing Officer or Director — Date