

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009886

FILED
Apr 08, 2008
Secretary of State

Entity Name: OUTBACK POLO FARM PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11924 W FOREST HILL BLVD SUITE 22-350
WELLINGTON, FL 33401

New Principal Place of Business:

12600 35TH STREET SOUTH
WELLINGTON, FL 33414

Current Mailing Address:

11924 W FOREST HILL BLVD SUITE 22-350
WELLINGTON, FL 33401

New Mailing Address:

12600 35TH STREET SOUTH
WELLINGTON, FL 33414

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEATLEY, PHIL
11924 W FOREST HILL BLVD SUITE 22-350
WELLINGTON, FL 33401 US

Name and Address of New Registered Agent:

BYRD, WADE R
350 ROYAL PALM WAY
SUITE 409
PALM BEACH, FL 33480 US

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: WADE R BYRD

04/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVPS () Delete
Name: HEATLEY, JEFF
Address: 11924 W FOREST HILL BLVD SUITE 22-350
City-St-Zip: WELLINGTON, FL 33401

Title: DPT () Delete
Name: HEATLEY, JEFF
Address: 11924 W FOREST HILL BLVD SUITE 22-350
City-St-Zip: WELLINGTON, FL 33401

Title: D () Delete
Name: GANNON, JOHN T
Address: 11924 W FOREST HILL BLVD SUITE 22-350
City-St-Zip: WELLINGTON, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change () Addition
Name: HEATLEY, PHIL
Address: 12600 35TH STREET
City-St-Zip: WELLINGTON, FL 33414

Title: DPT (X) Change () Addition
Name: TOUPS, ANDREW
Address: 109 N POST OAK LANE, SUITE 425
City-St-Zip: HOUSTON, TX 77024

Title: D (X) Change () Addition
Name: BYRD, WADE R
Address: 350 ROYAL PALM WAY, SUITE 409
City-St-Zip: PALM BEACH, FL 33480

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: WADE R BYRD

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date