2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 26, 2007 8:00 am Secretary of State

DOCUMENT # N12206 1. Entity Name THE POLO CLUB OF BOCA RATON PROPERTY OWNERS ASSOCIATION, INC.				06-26-2007 90001 01	0 ****61.25
5400 CHAMPION BLVD 540		Mailing Address 5400 CHAMPION BLVD BOCA RATON, FL 3349	6		DIA GRAM HANDA DIDAHATI DI JUDI.
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06132007 Chg-NP CR2E0	37 (12/06)
City & State		City & State		4. FEI Number 65-0035360	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered	· · · · · · · · · · · · · · · · · · ·
CT CORP	OBATION SYSTEM	_	Name		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street A	ddress (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
SIGNATURE .					
SIGNATORE.	Signature, typed or printed name of registered agent a			DATE	
	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25 ue by September 14, 2007		paign Financing	\$5.00 May Be Make chec Make chec Added to Fees	k payable to
D:	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Make chec Make chec Added to Fees	rtment of State
10. TITLE	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND D	rtment of State
D:	Filing Fee Is \$61.25 ue by September 14, 2007 OFFICERS AND DIR VD FRANK, SHEILA	9. Election Cam Trust Fund C	npaign Financing ontribution. 11. TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND D Pb FRAUK, STANLEY	rtment of State
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12. Thereby certify that he information supplied with this filling does not dualify 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 ether like empowered.

SIGNATURE: _

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B/4/07

Daytime Phone #