

FILE NOW: FILING FEE IS \$61.25

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**Apr 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20322 (6)
1. Corporation Name
CATALINA AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **951 BROKEN SOUND PKWY. 250 BOCA RATON FL 33487**
Mailing Address: **951 BROKEN SOUND PKWY. 250 BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **04/24/1987**
4. FEI Number: **59-2803420**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No **Combo Assoc.**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21**
Suite, Apt #, etc: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
Suite, Apt #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MESSINGER, JOEL
COMMUNITY ASSOCIATION SERVICE
951 BROKEN SOUND BLVD.
BOCA RATON FL 33487**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, HARVEY	1.2 NAME	
STREET ADDRESS	5186-D LAKE CATALINA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, LINK	2.2 NAME	V/D LINK, SEYMOUR
STREET ADDRESS	5148-B LAKE CATALINA DR	2.3 STREET ADDRESS	5148-B LAKE CATALINA DR.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTDENKER, ROBERT	3.2 NAME	S/D GOTTDENKER, ROBERT
STREET ADDRESS	5082 A LAKE CATALINA	3.3 STREET ADDRESS	5082 A LAKE CATALINA DR.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID WEISBERGER	4.2 NAME	P/D WEISBERGER, DAVID
STREET ADDRESS	5171 A LAKE CATALINA DR.	4.3 STREET ADDRESS	5171 A LAKE CATALINA DR.
CITY-ST-ZIP	BOCA RATON FL 33496	4.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE LEONARD D.	5.2 NAME	T/D ROSE, LEONARD D.
STREET ADDRESS	5094-B LAKE CATALINA DR.	5.3 STREET ADDRESS	5094-B LAKE CATALINA DR.
CITY-ST-ZIP	BOCA RATON FL 33496	5.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Weisberger Pres* 4/10/98

CR2E037 (10/97)