

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90039 003 ****70.00

DOCUMENT # N20372

1. Entity Name

**ASHBOURNE AT THE POLO CLUB CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

Mailing Address

**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2813898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BRENNER, ANNETTE**
CITY-ST-ZIP **17645-D ASHBOURNE LN
BOCA RATON FL 33496**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LAPPIN, ROBERT**
CITY-ST-ZIP **17653 D ASHBOURNE LANE
BOCA RATON FL**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **STARKOFF, HARVEY**
CITY-ST-ZIP **17597-C ASHBOURNE LN
BOCA RATON FL 33496**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RALBY, HOWARD**
CITY-ST-ZIP **17653-A ASHBOURNE LANE
BOCA RATON FL 33496**

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **KAHL, WINIFRED**
CITY-ST-ZIP **17549 C ASHBOURNE LANE
BOCA RATON FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FINCI, MICHAEL**
CITY-ST-ZIP **17581-B ASHBOURNE LN
BOCA RATON FL 33496**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP **33496**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP **33496**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **CHARLES KRASNY**
CITY-ST-ZIP **17557-B ASHBOURNE LANE
BOCA RATON, FL 33496**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33496**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **MARVIN HOWARD**
CITY-ST-ZIP **17549-B ASHBOURNE LANE
BOCA RATON, FL 33496**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #