


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90045 039 *****70.00

DOCUMENT # N20372	
1. Entity Name	
ASHBOURNE AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
21045 COMMERCIAL TRAIL BOCA RATON FL 33486	21045 COMMERCIAL TRAIL BOCA RATON FL 33486

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-2813898		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, ANNETTE	NAME	
STREET ADDRESS	17645-D ASHBOURNE LN	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPPIN, ROBERT	NAME	
STREET ADDRESS	17653 D ASHBOURNE LANE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARKOFF, HARVEY	NAME	
STREET ADDRESS	17597-C ASHBOURNE LN	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNY, CHARLES	NAME	
STREET ADDRESS	17557-B ASHBOURNE LN	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHL, WINIFRED	NAME	MARVIN HOWARD
STREET ADDRESS	17549 C ASHBOURNE LANE	STREET ADDRESS	17549-B ASHBOURNE LANE
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	BOCA RATON, FL. 33496
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCI, MICHAEL	NAME	
STREET ADDRESS	17581-B ASHBOURNE LN	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	

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

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