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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22441 (2)

1. Corporation Name

HUNTINGTON AT THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5295 TOWN CENTER ROAD #200
BOCA RATON FL 33486**

**5295 TOWN CENTER ROAD #200
BOCA RATON FL 33486**



3. Date Incorporated or Qualified

09/10/1987

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K.
5295 TOWN CENTER ROAD #200
BOCA RATON FL 33486**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEUERMAN, GEORGE	
STREET ADDRESS	17201 HUNTINGTON PARKWAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBSON, GERALD	
STREET ADDRESS	17104 HUNTINGTON PARK COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STECKLOW, WILLIAM	
STREET ADDRESS	17192 HUNTINGTON PARK WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GEIMAN, ARTHUR	
STREET ADDRESS	5665 HINTINTON PARK COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GOLD, ANNE	
STREET ADDRESS	17152 HUNTINGTON PARKWAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	START, STANLEY	
STREET ADDRESS	17176 HUNTINGTON PARK WAY	
CITY-ST-ZIP	BOCA RATON FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	STECKLOW, WILLIAM
34 CITY-ST-ZIP	17192 Huntington Parkway
	BOCA RATON FL 33496
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SD
43 STREET ADDRESS	WILLENS, ROBERT
44 CITY-ST-ZIP	17136 Huntington Parkway
	BOCA RATON, FL 33496
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	PD
53 STREET ADDRESS	GOLD, ANNE
54 CITY-ST-ZIP	17152 Huntington Parkway
	BOCA RATON, FL 33496
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	VPD
63 STREET ADDRESS	SAFT, STANLEY
64 CITY-ST-ZIP	17176 Huntington Parkway
	BOCA RATON FL 33496

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Anne Gold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE GOLD, PRES 2-15-96 (407) 750-8500

Date

Daytime Phone #

CR2E037 (12/95)