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FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N30927 (0)

1. Corporation Name

GULFSTREAM POLO CLUB, INC.



Principal Place of Business

4550 POLO CLUB ROAD
LAKE WORTH FL 33460
US

Mailing Address

180 ROYAL PALM WAY
SUITE 203
PALM BEACH FL 33480-4254
US

3. Date Incorporated or Qualified
02/27/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0126314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A. FAXON HENDERSON, JR.
180 ROYAL PALM WAY
SUITE 203
PALM BEACH FL 33480

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME RIZZO, DAVID
STREET ADDRESS 38 WEST POND COURT
CITY-ST-ZIP HAUPPAUGE NY

TITLE DP ☐ DELETE

NAME BRINKMAN, TED JR.
STREET ADDRESS 13893 BARBERRY DR
CITY-ST-ZIP WELLINGTON FL

TITLE DT ☐ DELETE

NAME CAREY, WILLIAM B.
STREET ADDRESS 114 OCEAN VIEW ROAD
CITY-ST-ZIP PALM BCH. FL

TITLE D ☐ DELETE

NAME ARMSTRONG, CHARLES
STREET ADDRESS BOX 1139 N/A
CITY-ST-ZIP INDIANTOWN FL

TITLE DV ☐ DELETE

NAME STEELE, GARIICK
STREET ADDRESS 700 SOUTH WASHINGTON STREET SUITE 220
CITY-ST-ZIP ALEXANDRIA VA

TITLE D ☐ DELETE

NAME INGRAM, ORRIN
STREET ADDRESS 4400 HARDING ROAD
CITY-ST-ZIP NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

W. B. Carey 4/24/97 (662)833-9735

CP2E037 (9/96)