


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 100 ROYAL PALM WAY SUITE 203 PALM BEACH FL 33408-466
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>4550 Polo Road</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>LAKE WORTH, FLORIDA</i>
Zip 24	Country 25
29 <i>33467</i>	30

3. Date Incorporated or Qualified 02/27/1989	Applied For Not Applicable
4. FEI Number 65-0126314	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent A. FAXON HENDERSON, JR. 180 ROYAL PALM WAY SUITE 203 PALM BEACH FL 33480	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 DS	RIZZO, DAVID <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	36 WEST POND COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAUPPAUGE NY	1.4 CITY-ST-ZIP	
TITLE	DR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKMAN, TED JR.	2.2 NAME	
STREET ADDRESS	13803 BARBERRY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, WILLIAM B.	3.2 NAME	CAREY, WILLIAM B.
STREET ADDRESS	114 OCEAN VIEW ROAD	3.3 STREET ADDRESS	114 OCEAN VIEW ROAD
CITY-ST-ZIP	PALM BCH. FL	3.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480
TITLE	DR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, CHARLES	4.2 NAME	
STREET ADDRESS	BOX 1100 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN TOWN FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR, VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, GARRICK	5.2 NAME	STEELE, T. GARRICK
STREET ADDRESS	700 SOUTH WASHINGTON STREET SUITE 220	5.3 STREET ADDRESS	700 SOUTH WASHINGTON STREET SUITE 220
CITY-ST-ZIP	ALEXANDRIA VA	5.4 CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, ORRIN	6.2 NAME	INGRAM, ORRIN
STREET ADDRESS	4400 HARDING ROAD	6.3 STREET ADDRESS	4400 HARDING ROAD
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	NASHVILLE, TN 37205

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: *[Signature]* 4-27-98 615-298-8266

CP2E037 (10/97)