SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N31005 **(4)**

1. Corporation Name

ROYAL HIDDEN COVE AT THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6286 SUITE 200A BOCA RATON FL 33427 US	P.O. BOX 6286 SUITE 200A BOCA RATON FL 33427 US

3. Date Incorporated or Qualified: 03/06/1989
3a. Date of Last Report: 05/01/1994

4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
22	27	
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
23	28	
Zip / County	Zip / County	8. This corporation has liability for unemployment tax under s. 101.032 Florida Statutes ☐ Yes ☐ No
24 / 25	29 / 30	

9. Name and Address of Current Registered Agent

CELAURO, SAL, SR.
16660 SENTERRA DRIVE
DELRAY BEACH, 33484

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

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 617.0501, Florida Statutes.

SIGNATURE _____ (Signature required of current registered agent and the new agent) NOTE: Registered Agent signature required when remaining _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, DAVID	12 NAME	
STREET ADDRESS	16690 SENTERRA DRIVE	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	D/S/T/VP ☒ Change ☐ Addition
NAME	CELAURO, SAL	22 NAME	BILL KUNTZ
STREET ADDRESS	16660 SENTERRA DRIVE	23 STREET ADDRESS	902 CLINT MOORE #120
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	BOCA RATON FL 33487
TITLE	SD	31 TITLE	D/VP ☒ Change ☐ Addition
NAME	SWARTZ, HERMAN	32 NAME	DAVID HARVEY
STREET ADDRESS	16730 SENTERRA DRIVE	33 STREET ADDRESS	902 CLINT MOORE #120
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	BOCA RATON FL 33487
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

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)(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 13 above, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF NEW OFFICER OR DIRECTOR — Date — Daytime Phone #

0011210