

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31005 (4)

1. Corporation Name

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

Principal Place of Business

P.O. BOX 6286
SUITE 200A
BOCA RATON FL 33427
US

Mailing Address

P.O. BOX 6286
SUITE 200A
BOCA RATON FL 33427
US



3. Date Incorporated or Qualified
03/06/1989

3a. Date of Last Report
07/03/1995

4. FEI Number
NOT APPLICABLE

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

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

CELAURO, SAL, SR.
16680 SENTERRA DRIVE
DELRAY BEACH, 33484

81 Name

GLORIA O. NORTH

82 Street Address (P.O. Box Number is Not Acceptable)

301 YAMATO ROAD SUITE 4120

83

NORTHERN TRUST PLAZA

84 City

BOCA RATON

FL

85 Zip Code

33431

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

Gloria O. North

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRIEDMAN, DAVID
16690 SENTERRA DRIVE
DELRAY BEACH FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P/D
RON TYGAR
SENTERRA DRIVE
DELRAY BEACH, FL

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSTV
KUNTZ, BILL
902 CLINT MOORE #120
BOCA RATON FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HARVEY, DAVID
902 CLINT MOORE #120
BOCA RATON FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D/V
VOGEL, ARTHUR
2679 NW 42ND ST
BOCA RATON FL 33434

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
100001788191
-04/22/96--01023--006

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
***70.00

Change Addition

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:

BILL KUNTZ

3/22/96

(407)368-8709

Date: Daytime Phone #

CR2E037 (12/95)