2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# N31005

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

Current Principal Place of Business:

C/O TRIAX GROUP
PO BOX 6286
BOCA RATON, FL 33427 US

New Principal Place of Business:

Current Mailing Address:

C/O TRIAX GROUP
PO BOX 6286
BOCA RATON, FL 33427 US

New Mailing Address:

FEI Number: 65-0266262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTH, GLORIA O.
2300 GLADES RD #203-E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EYAL, ALBERT
Address: 16500 SENTERRA DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: MEYERS, JOY
Address: 16690 SENTERRA DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: RUDNICK, MARISE
Address: 16530 SENTERRA DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: FELDMAN, JACK
Address: 16740 SENTRERRA DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: FIBUS, JEANNIE
Address: 16640 SENTERRA DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOY MEYERS D 08/31/2004

Electronic Signature of Signing Officer or Director — Date