2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31005

FILED Aug 09, 2007 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
C/O TRIAX GROUP PO BOX 6286 BOCA RATON, FL 33427 US	S	C/O TREX MANAGEM 1447 SW 13TH DRIVI BOCA RATON, FL 33	=
Current Mailing Address:		New Mailing Address:	
C/O TRIAX GROUP PO BOX 6286 BOCA RATON, FL 33427 US	S	C/O TREX MANAGEM PO BOX 6286 BOCA RATON, FL 33	
FEI Number: 65-0266262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
NORTH, GLORIA O. 2300 GLADES RD #203-E BOCA RATON, FL 33431 US	8	NORTH, GLORIA O. 5301 NORTH FEDER #380 BOCA RATON, FL 33	
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:			08/09/2007
Electronic Sign	ature of Registered Agent		Date
OFFICERS AND DIRECTORS:		${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: DP () Delete Name: MEYERS, JOY Address: 16690 SENTERRA DRIN City-St-Zip: DELRAY BEACH, FL 33 Title: DST () Delete RUDNICK, MARISE Address: 16530 SENTERRA DRIN City-St-Zip: DELRAY BEACH, FL 33 Title: DVP () Delete Name: TYGAR, RON Address: 16719 SENTERRA DR City-St-Zip: DELRAY BEACH, FL 33 Title: D () Delete TYGAR, RON Address: 16719 SENTERRA DR City-St-Zip: DELRAY BEACH, FL 33 Title: D () Delete Name: DIMSON, NORMAN Address: 16659 SENTRERRA DR City-St-Zip: DELRAY BEACH, FL 33	√E 3484 3484 RIVE	City-St-Zip: DELRAY BI Title: D Name: SEGAL, DC Address: 16580 SEN	TERRA DRIVE EACH, FL 33484 (X) Change () Addition NNA
Title: D () Delete Name: FIDEL, NEIL Address: 16539 SENTERRA DRIN City-St-Zip: DELRAY BEACH, FL 33			(X) Change()Addition L TERRA DRIVE EACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 DP 08/09/2007