2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N31005

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

Current Principal Place of Business:

C/O GLORIA O. NORTH, P.A.
400 S. DIXIE HIGHWAY, #323
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

C/O TREX MANAGEMENT
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.
400 SOUTH DIXIE HIGHWAY
#323
BOCA RATON, FL 33432 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: DP ( ) Delete
Name: MEYERS, JOY
Address: 16690 SENTERRA DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: DST ( ) Delete
Name: MILLMAN, ARTHUR
Address: 16680 SENTERRA DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: SEGAL, DONNA
Address: 16580 SENTERRA DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: DIMSON, NORMAN
Address: 16659 SENTRERRA DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: DVP ( ) Delete
Name: FIDEL, NEIL
Address: 16539 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 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 04/16/2009
Electronic Signature of Signing Officer or Director — Date