FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible].00 3/29/95-B-2745 YC

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT [illegible]TATE
Sandra B. Mort[illegible]
Secretary of Sta[illegible]
DIVISION OF CORPOR[illegible]NS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:22

DOCUMENT # **N44328** **(5)**

1. Corporation Name

POLO PLAYERS PLANTATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1602 WEST TIMBERLANE~~ P.O BOX 2027 ~~PLANT CITY FL 33567-5729~~	~~1602 WEST TIMBERLANE~~ P.O. BOX 2027 ~~PLANT CITY FL 33567-5729~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1991
3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0284808 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 P.O Box 2027	26 P.O Box 2027
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANT CITY FL	28 City & State: PLANT CITY FL
24 Zip: 33567 25 Country	29 Zip: 33567 30 Country

9. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J.
201 NORTH FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~HOFFMAN, ALFRED JR.~~	1.2 NAME		
STREET ADDRESS	~~1602 WEST TIMBERLANE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~PLANT CITY FL~~	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	THOMAS, REVIERE	2.2 NAME		
STREET ADDRESS	~~1602 WEST TIMBERLANE~~ 921 COUNRT RD	2.3 STREET ADDRESS	921 COUNRT RD	
CITY-ST-ZIP	PLANT CITY FL 33566 7	2.4 CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	KAMPSEN, ED	3.2 NAME		
STREET ADDRESS	~~1602 WEST TIMBERLANE~~ 921 COUNRT RD	3.3 STREET ADDRESS	921 COUNRT RD	
CITY-ST-ZIP	PLANT CITY FL 33567	3.4 CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	NORIEGA, ALBERT	4.2 NAME	NORIEGA, ALBERT	
STREET ADDRESS	101 CARVER ST	4.3 STREET ADDRESS	101 CARVER ST	
CITY ST ZIP	BRANDON, FL 33510	4.4 CITY-ST-ZIP	BRANDON FL 33510	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY-ST-ZIP		

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Riviera Thomas 3/20/95 813 764-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #