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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N44328

(5)

POLO PLAYERS PLANTATION ASSOCIATION, INC.

Principa! Place of Business	Mailing Address		·			
PO BOX 2027 PLANT CITY FL 33567 US	PO BOX 2027 PLANT CITY FL 33567 US					
				3. Date Incorporated or Qualified 07/17/1991	3a. Date of La 03/29/	st Report /1995
2. Principal Place of Business  11 1903 111 HSTERS (UH)	/			4. FEI Number 65-0284808		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State  3	City & State			Election Campaign Financing     Trust Fund Contribution	1 1	.00 May Be ded to Fees
4 33567 25 4518	Zip 29	Country 30			tangible tax under Yes 🔲 No	
9. Name and Address of Curr	ent Registered Agent	81	A1	10. Name and Address of New Re	gistered Agent	
MITCHELL, STEPHEN J.		81	Name			
201 NORTH FRANKLIN STREET		82	Street Addre	ss (P.O. Box Number is Not Acceptable)	)	· · · · · · · · · · · · · · · · · · ·
SUITE 2100		83	·			
TAMPA FL 33602		03				
Transfer C GGGGE		84	City	7	85	Zip Code
11. Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of Florantiliar with and accept the obligations of Section 1.	02 and 617 1509 Florida Ctatutos	*ha abaya <b>na</b>			<u> </u>	
SIGNATURE						
Signature, typed or printed name of registered age  OFFICERS A	AND DIRECTORS	Registered Agent s	signature raquired v	when renstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECT	FORS IN 12
Signature, typed or printed name of registered age  12. OFFICERS A  THUE D		13. 1 1 TITLE	signature required v			
Signature, typed or printed reans of registered age  12. OFFICERS A  IPLE D  NORIEGA, ALBERT  101 CAPITED OF	AND DIRECTORS	13. 1 1 TITLE 1.2 NAME			ERS AND DIRECT	
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SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DESCRIPTION DESCRIPTION