

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N44328 (5)**

1. Corporation Name

**POLO PLAYERS PLANTATION ASSOCIATION, INC.**

Principal Place of Business

PO BOX 2027  
PLANT CITY FL 33567  
US

Mailing Address

PO BOX 2027  
PLANT CITY FL 33567  
US



3. Date Incorporated or Qualified  
**07/17/1991**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1903 MASTERS WAY**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**PLANT CITY FL**

24 Zip

25 Country

29 Zip

30 Country

**33567**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **NORIEGA, ALBERT**  
STREET ADDRESS **101 CARVER ST**  
CITY-ST-ZIP **BRANDON FL**

11 TITLE ☐ Change ☐ Addition

TITLE **PO** ☐ DELETE  
NAME **THOMAS, REVERE**  
STREET ADDRESS **921 COWART RD**  
CITY-ST-ZIP **PLANT CITY FL**

12 NAME ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE  
NAME **KAMPSEN, ED**  
STREET ADDRESS **921 COWART RD**  
CITY-ST-ZIP **PLANT CITY FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

*Revere Thomas Riviere* **Revere Thomas President 2-2-96 813-623-1735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)