2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# N47555

Entity Name: POLO LANE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1101 SW 43RD PLACE
OCALA, FL 34474 US

New Principal Place of Business:

1101 SW 43RD PLACE
OCALA, FL 34471 US

Current Mailing Address:

1101 SW 43RD PLACE
OCALA, FL 34474 US

New Mailing Address:

1101 SW 43RD PLACE
OCALA, FL 34471 US

FEI Number: 59-3320289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHATT, REBECCA
1101 SW 43RD PLACE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SCHATT, REBECCA
1101 SW 43RD PLACE
OCALA, FL 34471 US

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: _____ 02/11/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHATT, REBECCA B.,
Address: 1101 SW 43RD PLACE
City-St-Zip: OCALA, FL 34474

Title: STD ( ) Delete
Name: SCHATT, JAMES H.,
Address: 1101 SW 43RD PLACE
City-St-Zip: OCALA, FL 34474

Title: VD ( ) Delete
Name: CUNNINGHAM, DAVID,
Address: 1150 SW 43RD PLACE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHATT, REBECCA B.,
Address: 1101 SW 43RD PLACE
City-St-Zip: OCALA, FL 34471

Title: STD (X) Change ( ) Addition
Name: SCHATT, JAMES H.,
Address: 1101 SW 43RD PLACE
City-St-Zip: OCALA, FL 34471

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: REBECCA SCHATT PD 02/11/2008
Electronic Signature of Signing Officer or Director — Date