

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90118 033 ****61.25

DOCUMENT # N47925

1. Corporation Name

POLO CLUB OF LEE COUNTY, INC.

Principal Place of Business

12155 METRO PARKWAY
SUITE 28A
FORT MYERS FL 33912

Mailing Address

P.O. BOX 1661
FORT MYERS FL 33902-1661



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

65-0406452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHN E STAMPS, CPA
1937 GRACE AVE
FORT MYERS FL 33901

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 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

TITLE **DP** ☒ DELETE
NAME **BRODEUR, RON**
STREET ADDRESS **883 ENTRADA DR**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☒ DELETE
NAME **MARTISE REDMAN**
STREET ADDRESS **3691-836 WINKLER AVE**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **DV** ☒ DELETE
NAME **KIM ALGAEIR**
STREET ADDRESS **1676 BRAMAN AVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **DT** ☒ DELETE
NAME **TRENT HOWE**
STREET ADDRESS **5239-19 RED CEDAR DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P D** ☐ Change ☒ Addition
1.2 NAME **Trent Howe**
1.3 STREET ADDRESS **4010-C2 Deleon St.**
1.4 CITY-ST-ZIP **Fort Myers, FL 33901**

2.1 TITLE **V D** ☐ Change ☒ Addition
2.2 NAME **Dan Sinclair**
2.3 STREET ADDRESS **6258-203 Presidential Ct.**
2.4 CITY-ST-ZIP **Fort Myers, FL 33907**

3.1 TITLE **S D** ☐ Change ☒ Addition
3.2 NAME **Gwynne Smith**
3.3 STREET ADDRESS **1623-23 Red Cedar Dr.**
3.4 CITY-ST-ZIP **Fort Myers, FL 33907**

4.1 TITLE **T D** ☐ Change ☒ Addition
4.2 NAME **Susan Potts**
4.3 STREET ADDRESS **13030 Silver Bay Court**
4.4 CITY-ST-ZIP **Fort Myers, FL 33913**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.99

941 225-9997

Date

Daytime Phone #

CR2E037 (11/98)

0059522