

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47925

FILED
Apr 16, 2009
Secretary of State

Entity Name: POLO CLUB OF LEE COUNTY, INC.

Current Principal Place of Business:

1542 PALOMA DRIVE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1661
FORT MYERS, FL 339021661

New Mailing Address:

FEI Number: 65-0406452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CONNIE C
1542 PALOMA DRIVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MARTIN, CONNIE C
Address: 1542 PALOMA DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: RYCHAK, CHARITY
Address: PO BOX 1661
City-St-Zip: FORT MYERS, FL 33902

Title: DIR () Delete
Name: VOLPONE, KRIS
Address: 5243 CEDARBEND DR, APT 2
City-St-Zip: FORT MYERS, FL 33919

Title: DIR () Delete
Name: VOLPONE, SAM
Address: 5243 CEDARBEND DR, APT 2
City-St-Zip: FORT MYERS, FL 33919

Title: DIR () Delete
Name: WILLIAMS, PATRICIA
Address: 1421 PASSAIC AVE
City-St-Zip: FORT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DEGENERES, PAM
Address: PO BOX 1661
City-St-Zip: FORT MYERS, FL 33902

Title: SEC (X) Change () Addition
Name: MOULTON, ALISON
Address: PO BOX 1661
City-St-Zip: FORT MYERS, FL 33902

Title: TRE (X) Change () Addition
Name: WILLIAMS, PATRICIA
Address: 1421 PASSAIC AVE
City-St-Zip: FORT MYERS, FL 33901

Title: DIR (X) Change () Addition
Name: MULHEARN, KEVIN
Address: PO BOX 1661
City-St-Zip: FORT MYERS, FL 33902

Title: DIR () Change (X) Addition
Name: ROGER, SMITH
Address: PO BOX 1661
City-St-Zip: FORT MYERS, FL 33902

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: PATRICIA WILLIAMS

TRE

04/16/2009

Electronic Signature of Signing Officer or Director

Date