


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000000826	
1. Entity Name SARASOTA POLO RANCHES HOMEOWNERS ASSOCIATION, INC.	

FILED

08 JUN 20 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6215 LORRAINE ROAD BRADENTON, FL 34202	Mailing Address 6215 LORRAINE ROAD BRADENTON, FL 34202
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2. Principal Place of Business - No P.O. Box # 8201 POLO CLUB LANE Suite, Apt. #, etc.	3. Mailing Address 8201 POLO CLUB LANE Suite, Apt. #, etc.
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06172008 REIN-NP CR2E099 (1/07)

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34240	Country SARASOTA

4. FEI Number 65-0481161	Applied For Not Applicable
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6. Name and Address of Current Registered Agent CHIUFALO, ANTHONY J 6215 LORRAINE ROAD BRADENTON, FL 34202
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7. Name and Address of New Registered Agent Name MITCHELL, MARGUERITE A. Street Address (P.O. Box Number is Not Acceptable) 8201 POLO CLUB LANE City SARASOTA FL Zip Code 34240
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8. 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. I am familiar with, and accept the obligations of registered agent.
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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SIGNATURE <u>Marguerite A. Mitchell</u> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <u>6/17/08</u>
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLARKE, E J 6215 LORRAINE BLVD BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UIHLEIN, ROBIN 7550 LORRAINE RD. BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UIHLEIN, ROBERT A. 8201 POLO CLUB LANE SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FERRO, MIKE 8022 POLO CLUB LANE SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FERRO, MICHAEL 8201 POLO CLUB LANE SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLARKE, JAMES 8201 POLO CLUB LANE SARASOTA, FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100131633071 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/24/08--01040--014 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>6/15/08</u>	Daytime Phone # <u>941-907-0000</u>
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