

# 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 # N94000003260 (6)**

1. Corporation Name

**UNITED HOMEOWNERS ASSOCIATION OF POLO PARK EAST, INC.**



Principal Place of Business

**525 EAST BOULEVARD  
DAVENPORT FL 33837**

Mailing Address

**525 EAST BOULEVARD  
DAVENPORT FL 33837**

3. Date Incorporated or Qualified

**06/27/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-3263541**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLING, LEE JAY  
20 NO. ORANGE AVENUE  
ORLANDO FL 32801**

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 **EMERY, RICHARD**  
STREET ADDRESS **634 EAST BLVD. POLO PARK**  
CITY-ST-ZIP **DAVENPORT FL**

TITLE **DCOP** ☐ DELETE  
NAME **TAGGART, ELIZABETH**  
STREET ADDRESS **151 RITA BEE**  
CITY-ST-ZIP **DAVENPORT FL**

TITLE **DS** ☒ DELETE  
NAME **CHAUSOW, CAROL**  
STREET ADDRESS **121 S.W. AVE**  
CITY-ST-ZIP **DAVENPORT FL**

TITLE **T** ☒ DELETE  
NAME **WICKS, CAROL**  
STREET ADDRESS **209 PATRICIA PLACE**  
CITY-ST-ZIP **DAVENPORT FL**

TITLE **D** ☐ DELETE  
NAME **CHAMNESS, FRED**  
STREET ADDRESS **754 EAST BLVD**  
CITY-ST-ZIP **DAVENPORT FL**

TITLE **D** ☐ DELETE  
NAME **SWARTZ, WILLIAM**  
STREET ADDRESS **127 DREAMA**  
CITY-ST-ZIP **DAVENPORT FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition  
32 NAME **NANCY GALLELLO**  
33 STREET ADDRESS **111 DREAMA DR**  
34 CITY-ST-ZIP **DAVENPORT FL**

41 TITLE ☒ Change ☐ Addition  
42 NAME **ROBERT NOAK**  
43 STREET ADDRESS **809 EAST BLVD**  
44 CITY-ST-ZIP **DAVENPORT FL**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres: 1/26/96

Date

Daytime Phone #

CR2E037 (12/95)