

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000193

1. Entity Name
POLO TRACE GOLF AND COUNTRY CLUB
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
13481 POLO TRACE DR
DELRAY BEACH, FL 33446

Mailing Address
13481 POLO TRACE DR
DELRAY BEACH, FL 33446

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0694720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKER, EDWARD
DICKER KRIVOK & STOLOFF, P.A
1818 AUSTRALIAN AVE. STE 400
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILD, SAM
STREET ADDRESS	7746 EDINBUROUGH LN
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VPD
NAME	KRAMER, HARVEY
STREET ADDRESS	13605 BRETON LN
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	STD
NAME	GORDON, LEWIS
STREET ADDRESS	7568 S. GATE BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957106
08/04/08-80009-016 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Wild

7/29/2008

Date

Daytime Phone #

361-499-1992