2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90450 041 ****61.25

DOCUMENT # N95000000253

1. Entity Name

POLO TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13481 POLO TRACE DR. DELRAY BEACH FL 33446	13481 POLO TRACE DR. DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0616362 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAX, SPENCER M ESQ. SACHS SAX & KLEIN, P.A. 301 YAMATO ROAD, STE. 4150 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRANE, STANLEY 7712 MONARCH CT. DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] STANLEY L. CRANE 7712 MONARCH COURT DELRAY BEACH, FL 33446	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARRO, ANN 13610 KILTIE CT. DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~CAIRONE, ANN MARIE~~ 7696 DOUBLETON DRIVE DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARBARA KRAMER 13605 BRETON LA. DELRAY BCH, FL 33446	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLUMENTHAL, NORMAN 7717 MONARCH CT. DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIANN WEISMAN 13646 KILTIE CT. DELRAY BCH, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSSMAN, MARTIN ~~COLE, CHARLES~~ 13568 KILTIE CT. DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSSMAN, MARTIN 7559 CHARING CROSS LA DELRAY BCH, FL 33446	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPARER, ROBERT DR 7622 MONARCH CT. DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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 REQUIRED 4/8/02 561 441 3501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #