

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90060 020 \*\*\*\*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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

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. 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 re-registering)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                                                |                                                                      |                                            |
|------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>CARRO, ANN<br>13610 KILTIE COURT<br>DELRAY BEACH FL 33446      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VPD<br>GLICK, ROBERT<br>7849 MONARCH CT<br>DELRAY BEACH FL 33446     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SD<br>BERGER, RON<br>7763 EDINBUROUGH LANE<br>DELRAY BEACH FL 33446  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>WILD, SAM<br>7746 EDINBUROUGH LANE<br>DELRAY BEACH FL 33446    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>DESANTIS, NANCY<br>13644 WEYBURN DRIVE<br>DELRAY BEACH FL 33446 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>RUBIN, DAVID<br>7855 MONARCH COURT<br>DELRAY BEACH FL 33446     | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | Vice President<br>Kramer, Harvey<br>13605 Breton Lane<br>Delray Beach FL 33446 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | Director<br>Glick, Robert<br>7849 Monarch Ct<br>Delray Beach, FL 33446         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | President<br>Wild, Sam<br>7746 Edinborough Lane<br>Delray Beach, FL 33446      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TREASURER<br>DeSantis, Nancy<br>13644 Weyburne Dr.<br>Delray Beach, FL 33446   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | Secretary<br>Rubin, David<br>7855 Monarch Ct<br>Delray Beach, FL 33446         | <input checked="" 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 Section 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, PRES 2/6/07 (561) 499-1992

Date

Daytime Phone #