

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90021 049 ****61.25

DOCUMENT # N95000000253

1. Entity Name

POLO TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

13481 POLO TRACE DR.
DELRAY BEACH FL 33446

Mailing Address

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 (10/07)

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.
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 not used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 **V** ☐ Delete
NAME **KRAMER, HARVEY**
STREET ADDRESS **13605 BRETON LN.**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☒ Delete
NAME **GLICK, ROBERT**
STREET ADDRESS **7849 MONARCH CT**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE **P** ☐ Delete
NAME **WILD, SAM**
STREET ADDRESS **7746 EDINBUROUGH LANE**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE **T** ☐ Delete
NAME **DESANTIS, NANCY**
STREET ADDRESS **13644 WEYBURN DRIVE**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE **S** ☒ Delete
NAME **RUBIN, DAVID**
STREET ADDRESS **7855 MONARCH COURT**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE **S** ☐ Delete
NAME **MICHAEL COHEN**
STREET ADDRESS **7827 MONARCH CT**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **LILLIAN ROSE**
STREET ADDRESS **7750 DOUBLETIN DR**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Change ☒ Addition
NAME **MARIANNE WEISMAN**
STREET ADDRESS **13046 KILTIE CT**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Change ☒ Addition
NAME **MICHAEL OREZIN**
STREET ADDRESS **13580 KILTIE CT**
CITY-STATE-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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]*

(561) 499-1992