

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

FILED

96 MAY 10 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002743 (1)

1. Corporation Name

POLO PATRONS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**777 SOUTH FLAGLER DRIVE
EAST TOWER, SUITE 702
W. PALM BEACH FL 33401**

**777 SOUTH FLAGLER DRIVE
EAST TOWER, SUITE 702
W. PALM BEACH FL 33401**

3. Date Incorporated or Qualified
06/12/1995

3a. Date of Last Report
6-12-95

21 **222 Lakeview Avenue**
Suite, Apt. #, etc.

26 **222 Lakeview Ave**
Suite, Apt. #, etc.

4. FEI Number
65-0550436

Applied For
Not Applicable

22 **Suite 160-294**
City & State

27 **Suite 160-294**
City & State

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

23 **West Palm Beach FL**
City & State

28 **West Palm Beach FL**
City & State

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

24 **33401**
Zip

25 **USA**
Country

29 **33401**
Zip

30 **USA**
Country

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

**METZGER, JOHN T
777 SOUTH FLAGLER DRIVE
EAST TOWER, SUITE 702
W. PALM BEACH FL 33401**

81 Name **Metzger, John T.**
82 Street Address **6557 Donald Ross Road**
83
84 City **Palm Beach Gardens FL** 85 Zip Code **33418**

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]

5/6/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, DOUGLAS G	
STREET ADDRESS	2882 POLO ISLAND DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAWCETT, MICHAEL	
STREET ADDRESS	13368 POLO CLUB ROAD WEST, SUITE G-15	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORTHWEIN, PETER	
STREET ADDRESS	88 FIELD POINT ROAD	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	196 Banyan Road
2.4 CITY-ST-ZIP	Palm Beach, FL 33480
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	One Lafayette Place
3.4 CITY-ST-ZIP	Greenwich CT 06830
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96
Date

407
Daytime Phone

CR2E037 (12/95)