

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 05 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000002667 (1)**

**1. Corporation Name**  
**THE VILLAS AT POLO PARK CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**      **Mailing Address**  
**472 DREAMA DRIVE**      **472 DREAMA DRIVE**  
**DAVENPORT FL 33837**      **DAVENPORT FL 33837**

**3. Date Incorporated or Qualified**  
**05/14/1996**  
**4. FEI Number**      **Applied For**  
**59-3386179**      **Not Applicable**

<b>21</b>	<b>2. Principal Place of Business</b>	<b>2a.</b>	<b>Mailing Address</b>
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Country
<b>24</b>		<b>29</b>	
<b>25</b>	Country	<b>30</b>	Country

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution**            **\$5.00 May Be Added to Fees**  
**7. Is this nonprofit corporation a homeowners association?**       Yes       No  
**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.**       Yes       No

**9. Name and Address of Current Registered Agent**  
**ABLING, MADELIENE C**  
**112 E. CONCORD STREET**  
**STE 300**  
**ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City**      **FL**      **85 Zip Code**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<input type="checkbox"/> DELETE
<b>TITLE</b>	<b>D</b>	
<b>NAME</b>	<b>SNIDER, JOANNE P</b>	
<b>STREET ADDRESS</b>	<b>472 DREAMA DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>DAVENPORT FL 33837</b>	
<b>TITLE</b>	<b>D</b>	
<b>NAME</b>	<b>NICDAO, CARMELITA O</b>	
<b>STREET ADDRESS</b>	<b>2850 GRANADA BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>KISSIMEE FL 34746</b>	
<b>TITLE</b>	<b>D</b>	
<b>NAME</b>	<b>BARTLEME, ROBERT</b>	
<b>STREET ADDRESS</b>	<b>7761 JEWEL LANE #202</b>	
<b>CITY-ST-ZIP</b>	<b>NAPLES FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>1.1 TITLE</b>			
<b>1.2 NAME</b>			
<b>1.3 STREET ADDRESS</b>			
<b>1.4 CITY-ST-ZIP</b>			
<b>2.1 TITLE</b>			
<b>2.2 NAME</b>			
<b>2.3 STREET ADDRESS</b>			
<b>2.4 CITY-ST-ZIP</b>			
<b>3.1 TITLE</b>			
<b>3.2 NAME</b>			
<b>3.3 STREET ADDRESS</b>			
<b>3.4 CITY-ST-ZIP</b>			
<b>4.1 TITLE</b>			
<b>4.2 NAME</b>			
<b>4.3 STREET ADDRESS</b>			
<b>4.4 CITY-ST-ZIP</b>			
<b>5.1 TITLE</b>			
<b>5.2 NAME</b>			
<b>5.3 STREET ADDRESS</b>			
<b>5.4 CITY-ST-ZIP</b>			
<b>6.1 TITLE</b>			
<b>6.2 NAME</b>			
<b>6.3 STREET ADDRESS</b>			
<b>6.4 CITY-ST-ZIP</b>			

**14. 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 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 an attachment with an address.**

**SIGNATURE:** *Joanne P. Snider*      *Pres & Dir 1/20/98*      *941 424 7824*

CR2E037 (10/97)