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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002667

1. Corporation Name

THE VILLAS AT POLO PARK CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

472 DREAMA DRIVE
DAVENPORT FL 33837

Mailing Address

472 DREAMA DRIVE
DAVENPORT FL 33837



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 3121 E. Grand River

Suite, Apt. #, etc.

27 City & State

28 Howell, MI

29 Zip Country

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

59-3386179

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ABLING, MADEJENE C
112 E. CONCORD STREET
STE 300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Gary L. Summers

82 Street Address (P.O. Box Number is Not Acceptable)
380 W. Alfred Street

83

84 City Tavares

FL

85 Zip Code

32778

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 Gary L. Summers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SNIDER, JOANNE P
STREET ADDRESS 472 DREAMA DRIVE
CITY-ST-ZIP DAVENPORT FL 33837

TITLE D ☐ DELETE
NAME NICDAO, CARMELITA O
STREET ADDRESS 2850 GRANADA BLVD.
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ DELETE
NAME BARTLEME, ROBERT
STREET ADDRESS 7761 JEWEL LANE #202
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Daniel P. Boss
1.3 STREET ADDRESS 3121 E. Grand River, Howell, MI
1.4 CITY-ST-ZIP 48843

2.1 TITLE S/D ☒ Change ☐ Addition
2.2 NAME Michael T. Boss
2.3 STREET ADDRESS 3121 E. Grand River
2.4 CITY-ST-ZIP Howell, MI 48843

3.1 TITLE T/D ☒ Change ☐ Addition
3.2 NAME Mark A. Cook
3.3 STREET ADDRESS 3121 E. Grand River
3.4 CITY-ST-ZIP Howell, MI 48843

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel P. Boss

4/21/99 (517)546-4836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)