

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002667

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



Principal Place of Business

12727 HWY 27 N.
BLDG A
DAVENPORT, FL 33837

Mailing Address

3121 E GRAND RIVER
HOWELL, MI 48843



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3386179

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUMMERS, GARY L
380 W ALFRED ST
TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD00000100620
04/01/04-80017-011 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOSS, DANIEL P
STREET ADDRESS 3121 E GRAND RIVER
CITY- ST- ZIP HOWELL, MI 48843

TITLE SD
NAME BOSS, MICHAEL T
STREET ADDRESS 3121 E GRAND RIVER
CITY- ST- ZIP HOWELL, MI 48843

TITLE TD
NAME COOK, MARK A
STREET ADDRESS 3121 E GRAND RIVER
CITY- ST- ZIP HOWELL, MI 48843

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

Date

Daytime Phone #

2/13/04