

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000001571 1. Entity Name COQUINA ISLE AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 21045 COMMERCIAL TRL BOCA RATON FL 33486	Mailing Address 21045 COMMERCIAL TRL BOCA RATON FL 33486
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
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4. FEI Number 65-0903700	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ISAACSON, WILLIAM K 21045 COMMERCIAL TRL BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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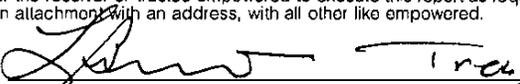
**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		Delete
TITLE	PD	<input type="checkbox"/>
NAME	BERNHARDT, LAWRENCE	
STREET ADDRESS	6308-D GRAYCLIFF DR.	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/>
NAME	LEVY, SELMA	
STREET ADDRESS	6158-D ISLAND WALK	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/>
NAME	FEIN, LOUIS	
STREET ADDRESS	6277-D GRAYCLIFF DR.	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	SD	<input type="checkbox"/>
NAME	LEDERMAN, SYMA MRS	
STREET ADDRESS	6269-B GRAYCLIFF DR	
CITY - ST - ZIP	BOCA RATON FL 33496-3227	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

00000659050
03/16/07-80014-025 70.00

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:  3/5/07