# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2012**
**Secretary of State**

DOCUMENT# P08000094980

**Entity Name:** HEATHCOTE POLO FLORIDA, INC.

**Current Principal Place of Business:**

15 HEATHCOTE LANE
AMENIA, NY 12501 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number: 26-3644788** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: THORNE, OAKLEIGH
Address: 15 HEATHCOTE LANE
City-St-Zip: AMENIA, NY 12501 US

Title: ST
Name: THORNE, OAKLEIGH
Address: 15 HEATHCOTE LANE
City-St-Zip: AMENIA, NY 12501 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OAKLEIGH THORNE PRES 03/30/2012

Electronic Signature of Signing Officer or Director Date