



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000030074		
1. Entity Name POLO CLUB/CYPRESS ISLE ASSOCIATES, INC.		
Principal Place of Business ONE WOODBRIDGE CTR DR SUITE 610 WOODBRI6GE, NJ 07095 US		Mailing Address 1163 RT 22 E MOUNTAIN5IDE, NJ US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PINKWASSER, ALAN E 8231 MUIRHEAD CIRCLE BOYNTON BEACH, FL 33437		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FISCH, MARK ONE WOODBRIDGE CTR DR WOODBRI6GE, NJ 07095	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FISCH, ERWIN ONE WOODBRIDGE CTR DR WOODBRI6GE, NJ 07095	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILF, LEONARD ONE WOODBRIDGE CTR DR SHORT HILLS, NJ 07078	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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		1-23-04 Date Daytime Phone #



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3228006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000015119
01/27/04-80047-017 150.00

**DO NOT WRITE
IN THIS SPACE**