

4: 98 B- 5976 C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P93000066950 (5)**  
 1. Corporation Name  
**SALANA AT THE POLO CLUB INC.**



Principal Place of Business: **2145 NE 204 ST N MIAMI BEACH FL 33179**  
 Mailing Address: **2145 NE 204 ST N MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 8231 Muirhead Circ.**  
 2a. Mailing Address: **26 8231 Muirhead Circ.**  
 22. City & State: **22 Boynton Beach, FL**  
 23. Zip: **24 33437**  
 25. Country: **25 Palm Beach**  
 27. City & State: **27 Boynton Beach, FL**  
 28. Zip: **28 33437**  
 29. Country: **29 Palm Beach**

3. Date Incorporated or Qualified: **09/20/1993**  
 4. FEI Number: **65-0438079**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**PINKWASSER, ALAN**  
**2145 NE 204 ST**  
**N MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent  
 81 Name: **Alan Pinkwasser, Esq**  
 82 Street Address (P.O. Box Number is Not Acceptable): **8231 Muirhead Circle**  
 83  
 84 City: **Boynton Beach** FL 85 Zip Code: **33437**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Mark Fisch</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>KRAUT, WILLIAM</del>	1.2 NAME	<b>8231 Muirhead Circle</b>
STREET ADDRESS	<del>2145 NE 204TH ST</del>	1.3 STREET ADDRESS	<b>Boynton Beach, FL 33437</b>
CITY-ST-ZIP	<del>N MIAMI BEACH FL</del>	1.4 CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Erwin Fisch,</b>
NAME	<b>FISCH, ERWIN</b>	2.2 NAME	<b>8231 Muirhead Circle</b>
STREET ADDRESS	<del>2145 NE 204 ST</del>	2.3 STREET ADDRESS	<b>Boynton Beach, FL 33437</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Leonard Wilf</b>
NAME	<b>WILF, LEONARD</b>	3.2 NAME	<b>8231 Muirhead Circle</b>
STREET ADDRESS	<del>2145 NE 204TH ST</del>	3.3 STREET ADDRESS	<b>Boynton Beach, FL 33437</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	3.4 CITY-ST-ZIP	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Alan Pinkwasser, Esq.</b>
NAME	<b>PINKWASSER, ALAN</b>	4.2 NAME	<b>8231 Muirhead Circle</b>
STREET ADDRESS	<del>2145 NE 204TH ST</del>	4.3 STREET ADDRESS	<b>Boynton Beach, FL 33437</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in attachment with an address.

CR2E034 (10/97)