

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P93000066950

1. Entity Name

SALANA AT THE POLO CLUB INC.



Principal Place of Business

**ONE WOODBRIDGE CENTER DRIVE
SUITE 610
WOODBIDGE, NJ 07095 US**

Mailing Address

**1163 RT 22 EAST
MOUNTAINSIDE, NJ 07092 US**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0438079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PINKWASSER, ALAN ESQ
8231 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33437**

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FISCH, MARK
STREET ADDRESS ONE WOODBRIDGE CENTER DRIVE
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE VP
NAME FISCH, ERWIN
STREET ADDRESS ONE WOODBRIDGE CENTER DRIVE
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE S
NAME WILF, LEONARD
STREET ADDRESS 820 MORRIS TKP
CITY-ST-ZIP 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

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01/27/04-80047-018 150.00

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

Date

Daytime Phone #