2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V11409

1. Entity Name
POLO RANCHES OF SARASOTA, INC.

Principal Place of Business	Mailing Address
6215 LORRAINE RD BRADENTON, FL 34202	6215 LORRAINE RD BRADENTON, FL 34202

01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0329191
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIOFALO, ANTHONY J
6215 LORRAINE RD
BRADENTON, FL 34202

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PERKA, DAN
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	V
NAME	POKRYWA, TODD
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	ST
NAME	CHIOFALO, ANTHONY J
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	UIHLEIN, ROBIN
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	P
NAME	JENSEN, REX
STREET ADDRESS	6215 LOLLAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/06-80077-017 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____ 1/27/06 941 755-1637 24
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #