

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000253

Entity Name: POLO TRACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**13481 POLO TRACE DR.
DELRAY BEACH, FL 33446**Current Mailing Address:**13481 POLO TRACE DR.
DELRAY BEACH, FL 33446**FEI Number:** 65-0616362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOUIS CAPLAN, ESQ. OF SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US*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

Officer/Director Detail :

Title PRESIDENT
Name CUSKADEN, ROBERT
Address 7843 MONARCH COURT
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name BLUMENTHAL, NORMAN
Address 7717 MONARCH COURT
City-State-Zip: DELRAY BEACH FL 33446

Title SECRETARY
Name DREWS, KATHERINE
Address 13500 CARRICK GREEN COURT
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER
Name GRAY, RICHARD
Address 7632 CHARRING CROSS LANE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name WARREN, REED
Address 13592 KILTIE CT
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name ANN, CARRO
Address 13610 KILTIE COURT
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name GIACCHINO, FRANK
Address 7591 MONARCH COURT
City-State-Zip: DELRAY BEACH FL 33446

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT CUSKADEN**BOD PRESIDENT****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date