


FILE NOW: FILING FEE IS \$61.25

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**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731612 (8)

1. Corporation Name
EVERGLADES APPALOOSA HORSE CLUB, INC.



Principal Place of Business C/O MCCARTNEY CONSTRUCTION CO. 1509 SE 4TH AVENUE FT. LAUDERDALE FL 33316	Mailing Address C/O MCCARTNEY CONSTRUCTION CO. 1509 SE 4TH AVENUE FT. LAUDERDALE FL 33316
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3. Date Incorporated or Qualified 01/14/1975	
4. FEI Number 59-2427949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**PERKINS, TOBY
5220 SOUTHWEST 109TH AVENUE
FT. LAUDERDALE FL 33285**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE TD	<input type="checkbox"/> DELETE
NAME SIRAVO, JOANNE	
STREET ADDRESS 14000 ARLINGTON PLACE	
CITY-ST-ZIP DAVIE FL 33325	
TITLE SD	<input type="checkbox"/> DELETE
NAME BLAIR, MICHELL	
STREET ADDRESS 1101 NW 146 ST.	
CITY-ST-ZIP MIAMI FL 33168	
TITLE PD	<input type="checkbox"/> DELETE
NAME PERKINS, TOBY	
STREET ADDRESS 5220 SW 109TH AVENUE	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME ROSEN, BARBARA	
STREET ADDRESS 13360 SW 29TH ST.	
CITY-ST-ZIP DAVIE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/D
1.2 NAME	Schwartz, Melinda
1.3 STREET ADDRESS	2980 SW 116 Ave.
1.4 CITY-ST-ZIP	Davie, FL 33330
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P/D Paul, Judy
3.2 NAME	14421 SW 24th St.
3.3 STREET ADDRESS	Davie, FL 33325
3.4 CITY-ST-ZIP	
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T/D Rosen, Barbara
4.2 NAME	same address
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
5.2 NAME	McCartney, Sheldon
5.3 STREET ADDRESS	1509 SE 4th Ave.
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CF2E037 (10/97)