

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770978

FILED
May 01, 2008
Secretary of State

Entity Name: GOLD COAST DRESSAGE ASSOC., INC.

Current Principal Place of Business:

14457 DRAFT HORSE LN
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

14457 DRAFT HORSE LN
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0122084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OSULLIVAN, NOREEN
14457 DRAFT HORSE LN
WELLINGTON, FL 33414 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'SULLIVAN, NOREEN
Address: 14457 DRAFT HORSE LANE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D1VP () Delete
Name: WOOD, PAM
Address: 16857 83RD PL N
City-St-Zip: WEST PALM BEACH, FL 33470

Title: S, T () Delete
Name: COOK, SUZY
Address: 6248 NW 43RD STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D2VP () Delete
Name: WINTER, TRACEY
Address: 10232 CLUBHOUSE TURN RD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NOREEN O'SULLIVAN

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date