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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(2)

THE VILLAGE AT THE EQUECTRIAN OF HE OWNERS ACCOR

FILED Mar 04 1996 8:00 am Secretary of State

IATION, INC.										
Principal Place	of Business	Mailing Address					11 1191 B(B)1 B1	\$11 \$10 \$\$ 010 11 0		
3104 CHERRY SUITE 220 TAMPA FL 33	PALM DRIVE	3104 CHERRY PALM DRIVE SUITE 220 TAMPA FL 33619								
THMITH TE GO	010	IAMITA IL SSUIS				3. Date Incorporated or Qualified 06/04/1990		ate of Last F 09/15/19		
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0256392 Applied For Not Applicate			pplied For lot Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	•	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country Zip C 25 29 30		30 Cou	intry	8. This corporation has liability to Florida Statutes		or intangible tax under s. 199.032, Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered	Agent		
				81	Name					
MICSHE, EUGENE R 3104 CHERRY PALM DRIVE				82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)			
SUITE 2	2 0			83						
TAMPA F	FL 33619			84	City			85 Zip	Code	
dd Diwarant	No. 2017 0500	1017 1500 TO 40 CON A	a Na aba			Alice and the state of the stat	FL			
or register familiar wit	o the provisions of Sections 617.050 ed agent, or both, in the State of Pion th, and accept the obligations of Sect	a. Such change was authorize on 617.0503, Florida Statutes	ed by the o	corp	oration's boar	ation submits this statement for the pure distribution of directors. I hereby accept the app	rpoge of chi pointment as	ariging its re gistered	agent. I am	
SIGNATURE _	Signature, typed or printer hard of registered again	and title 4 applicable. (NO	II: Benetaran	Acco	t signature required	Surper princetations	//3 /	76		
12,	OFFICERS AND	_	13.		r ogranere regaree	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	BS IN 12	
TITLE	PD	DELETE	1.1 TITL						Addition	
NAME	MISCHE, EUGENE R	-	1.2 NAM				•	•		
STREET ADDRESS	3104 CHERRY PALM DRIVE		1.3 STRE		AD9RESS		301	78#	220	
City-St-ZiP	TAMPA FL 33619		1.4 CITY -				<i>5</i> ,,	, -,.		
TITLE	VPD	DELETE	2.1 TITLE					Change	Addition	
NAME	GILL, HARRY R		2.2 NAM6			Sume H		1000		
STREET ADDRESS	3104 CHERRY PALM DRIVE		2.3 \$	TREET	ADDRESS		501	ME #	+ Lee	
CITY-ST-ZIP	TAMPA FL 33619		2. 4 CITY-		ST- ZIP					
TITLE	STD	DELETE	3.1 TITLE			·		Change	Addition	
NAME	MORRISSEY, PATRICK W		3.2 NAME							
STREET ADDRESS	3104 CHERRY PALM DRIVE		3.3 STREE		ADDRESS		DU	1727	#220	
CITY-ST-ZIP	TAMPA FL 33619		3.4. CITY		ST-ZIP					
TITLE	D	DELETE	4.1 TITLE					Change	Addition Addition	
NAME	RODRIGUEZ, TOM		4. 2 NAM							
STREET ADDRESS	3419 148 AVE S		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		4 4 CITY-		T-21P	2000017 -03/04/9601	<u> 308</u>	32		
TITLE		DELETE	5 1 TITLE			-03/04/9601	0690	Thange	☐ Addition	
NAME			5 2 N	AME		***70.00				
STREET ADDRESS			538	TREET	ADDRESS					
CITY - ST - ZIP		<u>.</u>	5 4 C	ITY-S	T-ZIP					
TITLE		☐ DELETE	6 1 T	TLE]			Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
CITY-ST-ZIP				11Y-S						
14. I do hereb	by certify that the information supplied v	with this filing is voluntarily furn	ished and	doe	s not qualify for	or the exemption stated in Section 119).07(3)(k), FI	orida Statutr	es. I further	

octify that the information indicated on this annual report or appliemental 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 of 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. PATRICK W. MORRISSEY

SIGNATURE: