FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:36

DOCUMENT # 770978 (5)

1. Corporation Name
GOLD COAST DRESSAGE ASSOC., INC.

Principal Place of Business	Mailing Address
7001 S.W. 15TH ST. PEMBROKE PINES FL 33023	7001 S.W. 15TH ST. PEMBROKE PINES FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1983
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0122084 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 100 SW 7th TERRACE	26 100 SW 7th TERRACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON, FL	28 City & State: BOCA RATON, FL
24 Zip: 33486 25 Country: PALM BEACH	29 Zip: 33486 30 Country: PALM BEACH

9. Name and Address of Current Registered Agent

HOLSING, NANCY W.
7001 S.W. 15TH ST.
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name: EVELYN O'SULLIVAN
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.W. 7th TERRACE
83
84 City: BOCA RATON FL 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Evelyn O'Sullivan — 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	SEXTON, KAREN	12 NAME	BRIDGETTE BOLAN
STREET ADDRESS	2563 PRAIRIE VIEW DT	13 STREET ADDRESS	1880 S.W. 22 AVE
CITY-ST-ZIP	LOXAHATCHEE FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33317
TITLE	V	21 TITLE	VPD ☒ Change ☐ Addition
NAME	O'SULLIVAN, EVELYN	22 NAME	SUE ANNE, ENGLERTH
STREET ADDRESS	100 SW 7 TERRACE	23 STREET ADDRESS	1805 STONEHAVEN DRIVE
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	COOK SUZIE	32 NAME	COOK, SUZIE
STREET ADDRESS	9342 KETAY CIRCLE	33 STREET ADDRESS	23313 WATER CIRCLE DRIVE
CITY ST ZIP	BOCA RATON FL	34 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	TURNER, VALINDA P	42 NAME	TURNER, VALINDA
STREET ADDRESS	4912 NW 64TH TERRACE	43 STREET ADDRESS	606 6th LANE
CITY ST ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	VPD	51 TITLE	VPD ☒ Change ☐ Addition
NAME	WITKIN, LAURIE	52 NAME	WITKIN, LAURIE
STREET ADDRESS	101 S PALMWAY APT 11	53 STREET ADDRESS	111 S. LAKESIDE DRIVE, APT 8
CITY ST ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	PD	61 TITLE	PD ☒ Change ☐ Addition
NAME	HOLSING, NANCY	62 NAME	O'SULLIVAN, EVELYN
STREET ADDRESS	7001 S.W. 15TH ST.	63 STREET ADDRESS	100 S.W. 7 TERRACE
CITY ST ZIP	PEMBROKE PINES FL	64 CITY ST ZIP	BOCA RATON, FL 33486

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Evelyn O'Sullivan — 4/7/95 — (407) 368-2786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EVELYN O'SULLIVAN, PRESIDENT

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