


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **770978** (5)

1. Corporation Name

GOLD COAST DRESSAGE ASSOC., INC.



Principal Place of Business 8100 ROYAL PALM BLVD #105 CORAL SPRINGS, FL 33065	Mailing Address 8100 ROYAL PALM BLVD #105 CORAL SPRINGS, FL 33065
---	---

3. Date Incorporated or Qualified 10/28/1983	3a. Date of Last Report 05/01/1996
--	--

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

4. FEI Number 65-0122084	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
--	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent EVELYN O'SULLIVAN 100 SW 7TH TERRACE BOCA RATON FL 33486
--

10. Name and Address of New Registered Agent 81 Name INGRED POLLAK 82 Street Address (P.O. Box Number is Not Acceptable) 8100 ROYAL PALM BLVD #105 83 CORAL SPRINGS, FL 33065 84 City FL 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 *Ingred Pollak* *President*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	O'SULLIVAN, EVELYN
STREET ADDRESS	100 SW 7TH TERR.
CITY-ST-ZIP	BOCA RATON F 33486
TITLE	V <input type="checkbox"/> DELETE
NAME	ENGLERTH, SUE ANNE
STREET ADDRESS	1805 STONE HAVEN DR
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	S <input type="checkbox"/> DELETE
NAME	JACKSON, JOANNE
STREET ADDRESS	401 SW 2ND STREET
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	T <input type="checkbox"/> DELETE
NAME	RECH, NANCY
STREET ADDRESS	333 W. HEMINGWAY CIR.
CITY-ST-ZIP	MARGATE FL 33063
TITLE	V <input type="checkbox"/> DELETE
NAME	POLLAK, INGRED
STREET ADDRESS	5295 LEITNER DR. E.
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	D <input type="checkbox"/> DELETE
NAME	BOLAND, BRIDGETTE
STREET ADDRESS	1462 GARDEN ROADCE
CITY-ST-ZIP	FT. LAUDERDALE FL 33326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	INGRED POLLAK
1.3 STREET ADDRESS	8100 ROYAL PALM BLVD #105
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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 *Ingred Pollak* *President*

CR2E037 (9/96)