

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90130 030 \*\*\*\*61.25

DOCUMENT # 770978

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

Principal Place of Business  
8100 ROYAL PALM BLVD. #105  
CORAL SPRINGS FL 33065  
US

Mailing Address  
8100 ROYAL PALM BLVD. #105  
CORAL SPRINGS FL 33065  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/28/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0122084	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

POLLAK, INGRED  
8100 ROYAL PALM BLVD. #105  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

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	DP: <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLAK, INGRED	1.2 NAME	
STREET ADDRESS	8100 ROYAL PALM BLVD. #105	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	D1VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SULLIVAN, NOREEN	2.2 NAME	
STREET ADDRESS	13432 NW 6TH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	2.4 CITY-ST-ZIP	
TITLE	D2VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLING, ANDREA	3.2 NAME	
STREET ADDRESS	1528 NANETTE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, MARCY	4.2 NAME	
STREET ADDRESS	8730 TWIN LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK SUZIE	5.2 NAME	
STREET ADDRESS	23313 WATER CIRCLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINK, LINDA	6.2 NAME	
STREET ADDRESS	13810 E PALOMINO DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	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, with all other like empowered.

SIGNATURE:

SIGNATURE SUTTERBOOK

3-31-99

Date

954-429-8877

Daytime Phone #

CR2E037 (1/98)