

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770978

Entity Name: GOLD COAST DRESSAGE ASSOC., INC.**Current Principal Place of Business:**14457 DRAFT HORSE LN
WELLINGTON, FL 33414**Current Mailing Address:**14457 DRAFT HORSE LN
WELLINGTON, FL 33414 US**FEI Number:** 65-0122084**Certificate of Status Desired:** Yes**Name and Address of Current 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**Officer/Director Detail :**

Title	PRESIDENT
Name	O'SULLIVAN, NOREEN
Address	14457 DRAFT HORSE LANE
City-State-Zip:	WEST PALM BEACH FL 33414

Title	TREASURER
Name	PAOLUCCI, SHARON
Address	117 PRESERVE DRIVE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	DIRECTOR
Name	FLANAGAN, JOHN
Address	14457 DRAFT HORSE LANE
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	JACCOMA, SUSAN
Address	2513 VISTA DEL PRADO DR
City-State-Zip:	WELLINGTON FL 33414

Title	SECRETARY
Name	SWERDLIN, AMY BRADLEY
Address	14457 DRAFT HORSE LN
City-State-Zip:	WELLINGTON FL 33414

Title	2ND VP
Name	KOHL, MICHAEL DRESSAGE
Address	2256 LAS CASITAS DR
City-State-Zip:	WELLINGTON FL 33414

I hereby 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 all other like empowered.

SIGNATURE: NOREEN O'SULLIVAN**PRESIDENT****07/17/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date