

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000008062

**Entity Name:** LITTLE CREEK EQUESTRIAN EDUCATION ACADEMY, INC.

**Current Principal Place of Business:**

15310 NATURES POINT LN.  
WELLINGTON, FL 33414

**Current Mailing Address:**

15310 NATURES POINT LN.  
WELLINGTON, FL 33414 US

**FEI Number: 85-3206246**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOORAKIAN, DANIEL ESQ.  
625 N. FLAGLER DRIVE, STE. 605  
WEST PALM BEACH, FL 33401 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 D  
Name FOSTER, TIFFANY  
Address 15310 NATURES POINT LN.  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name UYS, SHIRRA  
Address 2830 TWIN OAKS WAY  
City-State-Zip: WELLINGTON AL 33414

Title D  
Name ZIEGLER, CARLENE  
Address 100 N. CORPORATE DR., STE. 190  
City-State-Zip: BROOKFIELD WI 53045

Title D  
Name ZIEGLER, CAITLIN  
Address 100 N. CORPORATE DR., STE. 190  
City-State-Zip: BROOKFIELD WI 53045

Title D  
Name VALDES, WENDY  
Address 22189-86A AVE., LANGLEY, BC VIM  
3S8  
City-State-Zip: CANADA AL

*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: TIFFANY FOSTER**

**01/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date