2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 05, 2007 8:00 am Secretary of State

	1. Entity Nam	MENT #711794 ORSE FARM COMPLEX	ASSOCIATION, INC.			1-05-2007 90030	0130	1.23	
	Principal Plac 6967 SW 66 OCALA, FL 3	TH ST	Mailing Address 6967 SW 66TH ST OCALA, FL 34476			40000086			
	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
			Suite, Apt. #, etc.						
Suite, Apt. #, etc.			·		01042007 CH	01042007 Chg-NP CR2E037 (12/06)			
City & State		е	City & State		4. FEI Number 59-293600	7		plied For t Applicable	
Ì	Zìp	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	litional	
l	•	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Registere			
FURMAN. EDWARD		FDWARD		Name					
FURMAN, EDWARD 6967 SW 667H ST OCALA, FL :34476		6 ; тн sт		Street Addres		Not Acceptable)			
l	OCALA, FI	L 34470							
			City			FL Zip Code			
ŀ	 The above native submits this statement for the purpose of changing its registered office or registe the obligations of registered agent. 				gistered agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
I	the obligat	ions of registered agent.							
I	SIGNATURE .	Signature the product or printed name of registered age.) and title if anningship (NOTE: I	Registered Agent signature re		DATE	=		
		algitatore, typed or printed name or registered ager							
SIGNATURE Signature, typed or printed name of registered agent					required when reinstating)	DATE			
		Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make che	eck payable to artment of St		
	10.	Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be Added to Fees	Make che	ck payable to artment of St	ate	
	TITLE	Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable to artment of St	ate	
		Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	eck payable to artment of St DIRECTORS IN	10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OCALA, FL 34476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352.732-0171

Daytime Phone #