2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# 770978

Entity Name: GOLD COAST DRESSAGE ASSOC., INC.

Current Principal Place of Business:

14457 DRAFT HORSE LN
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

14457 DRAFT HORSE LN
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0122084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSULLIVAN, NOREEN
14457 DRAFT HORSE LN
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P, S	( ) Delete
Name:	O'SULLIVAN, NOREEN	
Address:	14457 DRAFT HORSE LANE	
City-St-Zip:	WEST PALM BEACH, FL 33414	
Title:	D1VP	( ) Delete
Name:	WINTER, TRACEY	
Address:	10232 CLUBHOUSE TURN ROAD	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:	T	( ) Delete
Name:	WOOD, PAMELA	
Address:	16857 83RD PL N	
City-St-Zip:	WEST PALM BEACH, FL 33470	
Title:	D2VP	( ) Delete
Name:	CAMP, CLAUDIA	
Address:	2506 COUNTRY CLUB DRIVE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	DIR	( ) Delete
Name:	FLANAGAN, JOHN	
Address:	14457 DRAFT HORSE LANE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	DIR	( ) Delete
Name:	HART, ANN	
Address:	14851 WIND RIVER DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NOREEN O'SULLIVAN P 02/13/2009

Electronic Signature of Signing Officer or Director — Date