

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90030 008 \*\*\*\*61.25

**DOCUMENT # N01000006560**

1. Entity Name

**PALM BEACH ARROWHEAD APPALOOSA HORSE CLUB, INC.**



Principal Place of Business

16318 E GLASGOW DR  
LOXAHATCHEE FL 33470

Mailing Address

16318 E GLASGOW DR  
LOXAHATCHEE FL 33470

**54006393**



MOORE CR2E037 (11/03)

2. Principal Place of Business

13087 43rd Road N

Suite, Apt. #, etc.

3. Mailing Address

13087 43rd Road N

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

City & State

Royal Palm Beach FL

4. FEI Number

65-0251691

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MILDENBERG, WALTER C  
16318 E GLASGOW DR  
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

SHARON FELT

Street Address (P.O. Box Number is Not Acceptable)

13087 43rd Road N

City

Royal Palm Beach

FL

Zip Code

33411

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Walter C. Mildenberg*

Walter C. Mildenberg, President

1-29-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME MILDENBERG, WALTER C  
STREET ADDRESS 16318 E GLASGOW DR  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE DS ☒ Delete  
NAME BRANDT, PEGGY  
STREET ADDRESS 6657 AVACADO BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL 33412

TITLE DT ☐ Delete  
NAME HOLLOWAY, LYN  
STREET ADDRESS 4780 122ND DR. N.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE DSA ☒ Delete  
NAME KEEN, MALCOM  
STREET ADDRESS 4614 HAVERHILL RD  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE DV ☐ Delete  
NAME FELT, SHARON  
STREET ADDRESS 13087 43RD ROAD N  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☐ Addition  
NAME Mildenberg, Walter C  
STREET ADDRESS 16318 E. Glasgow Dr  
CITY-ST-ZIP Loxahatchee, Fl 33470

TITLE Secretary ☒ Change ☒ Addition  
NAME KEEN, Carmen  
STREET ADDRESS 4614 Haverhill Road  
CITY-ST-ZIP Lake Worth, Fl 33463

TITLE Treasurer ☐ Change ☐ Addition  
NAME HOLLOWAY, Lyn  
STREET ADDRESS 4780 122nd Drive N  
CITY-ST-ZIP Royal Palm Beach, Fl 33411

TITLE Sargent-At-Arms ☒ Change ☒ Addition  
NAME Johnson, Adam  
STREET ADDRESS 2931 Vassallo Dr  
CITY-ST-ZIP Lake Worth, Fl 44367

TITLE Vice President ☐ Change ☐ Addition  
NAME FELT, Sharon  
STREET ADDRESS 13087 43rd Road N  
CITY-ST-ZIP Royal Palm Beach, Fl 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Sharon K. Felt*

Sharon FELT Vice President

1-29-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #