

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007222

FILED
Mar 09, 2006
Secretary of State

Entity Name: EQUINE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

981 NE 16TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

981 NE 16TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 04-3596318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CWIK, JOHN
981 NE 16TH STREET
OCALA, FL 34470 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: PD () Delete
Name: CWIK, JOHN
Address: 981 NE 16TH STREET
City-St-Zip: OCALA, FL 34470

Title: VD () Delete
Name: JAYCOX, TED
Address: 3926 N.E. 67TH TERRACE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: SD () Delete
Name: BENNIS, WILLIAM
Address: 8807 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32386

Title: TD () Delete
Name: TELLER, JOHN
Address: 11315 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34476

Title: TD () Delete
Name: TELLER, KAREN
Address: 11315 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: BENNIS, WILLIAM
Address: 8807 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32386

Title: SD (X) Change () Addition
Name: TELLER, JOHN
Address: 11315 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34476

Title: SD (X) Change () Addition
Name: TELLER, KAREN
Address: 11315 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN CWIK

PD

03/09/2006

Electronic Signature of Signing Officer or Director

Date