

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007222

FILED
Apr 28, 2009
Secretary of State

Entity Name: EQUINE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1900 SW 44TH AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

107 NE 1ST AVENUE
OCALA, FL 34470

New Mailing Address:

FEI Number: 04-3596318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CWIK, JOHN
1900 SW 44TH AVENUE
OCALA, FL 34474 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: MACMURRAY, ALAN
Address: 970 SW 104TH STREET ROAD
City-St-Zip: OCALA, FL 34475

Title: VD () Delete
Name: BENNIS, WILLIAM A
Address: 1180 SW 104TH STREET ROAD
City-St-Zip: OCALA, FL 34476

Title: TD () Delete
Name: CWIK, JOHN
Address: 1900 SW 44TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: SD (X) Delete
Name: HARPER, CHRISTI
Address: 3353 SW 4TH AVENUE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CWIK, JOHN
Address: 1900 SW 44TH AVE
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change () Addition
Name: BUXTON, RON
Address: 2655 NE 37TH PL RD
City-St-Zip: OCALA, FL 34479

Title: S (X) Change () Addition
Name: BROWN, ALAN
Address: 3075 NW79TH AVE RD
City-St-Zip: OCALA, FL 34482

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: JOHN L CWIK

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date