


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90008 006 \*\*\*\*61.25

<b>DOCUMENT # N02000001589</b> 1. Entity Name <b>SOUTHWIND DRESSAGE &amp; EVENTING ASSOCIATION, INC.</b>					
Principal Place of Business <b>1016 GREEN HILL TRACE TALLAHASSEE, FL 32317</b>			Mailing Address <b>1016 GREEN HILL TRACE TALLAHASSEE, FL 32317</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DALTON, CAROLE W 1016 GREENHILL TRACE TALLAHASSEE, FL 32317				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHELPS, EMILY PO BOX 107 MONTICELLO, FL 32345 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENWASSER, FERN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 675 Shady Bridge Rd Monticello, FL 32344		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUMERE, PAMELA <input checked="" type="checkbox"/> Delete 4426 RABBIT POND RD TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Phelps, Emily <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 107 Monticello, FL 32345		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULBREATH, CANDI <input checked="" type="checkbox"/> Delete 266 WESTERLEA PL MONTICELLO, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Houmere, Pamela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4426 RABBIT POND RD. TALLAHASSEE, FL 32309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALTON, CAROLE <input type="checkbox"/> Delete 1016 GREEN HILL TRACE TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, MAXINE <input checked="" type="checkbox"/> Delete 2854 MORNINGSIDE DR TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Proctor, Julie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1039 BAUM RD. TALLAHASSEE FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, MARTHA <input checked="" type="checkbox"/> Delete 5 LITTLE FARM ROAD HAVANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, VICKIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3522 DUNDALK DRIVE TALLAHASSEE, FL 32309		
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: <u>Carole W Dalton</u> <u>CAROLE W. DALTON</u> <u>4/5/06</u> <u>656-8593</u>					