2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001589

1. Entity Name SOUTHWIND DRESSAGE & EVENTING ASSOCIATION,



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

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

INC.			16.2							
1016 GREEN HILL TRACE 101		Mailing Address 1016 GREEN HILL TRACE TALLAHASSEE, FL 3231	016 GREEN HILL TRACE							
Principal Place of Business Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04052006 c	hg-NP	CR2E037 (11/	05)		
City & State C		City & State	City & State		4. FEI Number 03-05015	92		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered Agent			
DALTON	CAROLEM		Name							
DALTON, CAROLE W 1016 GREENHILL TRACE TALLAHASSEE, FL 32317			Stree	Street Address (P.O. Box Number is Not Acceptable)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0022,12 02011									
	· ·		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										
		- 				T ·				
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2006 Trust Fund Contributi					\$5.00 May Be Added to Fees		ake check payal ida Department (
10.	OFFICERS AND DI	RECTORS	11.	-	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTOR	RS IN 10		
TITLE	PD	12 Delete	mle	PD			E Cha	nge 🔲 Addition		
NAME	PHELPS, EMILY		NAME	Rose	NWasseR, Shady Bri Irello, FL	FERN				
STREET ADDRESS	PO BOX 107		STREET ADDRES	675	- Shady Bri	age Rd				
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP	mont	ire(10, FL	32344				
TILLE	VP	□ P Delete	TITLE	VP			□ /tha	nge 🗌 Addition		
NAME CTROCK ADDRESS	HOUMERE, PAMELA		NAME	Phe	Ips, Emil	Y				
STREET ADDRESS CITY-ST-ZIP	4426 RABBIT POND RD TALLAHASSEE, FL 32309		STREET ADDRES	POL	30x 107	- 22/10				
	S			rion	ticello, FL	3093	IPI Cha			
TITLE NAME	CULBREATH, CANDI	□ Delete	TITLE NAME	5	mere Da	mela.	(a) Cus	nge 🗌 Addition		
STREET ADORESS	266 WESTERLEA PL		STREET ADDRES	SUUDI	mere, Par 6 RABBITY	PAUDRO.				
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP	TAI	AITASSCE.	EL 323	А	į		
TITLE	Ťτ	☐ Delete	TITLE	1 27 66	minosic,	FL Jan	☐ Cha	nge Addition		
NAME	DALTON, CAROLE		NAME							
STREET ADDRESS	1016 GREEN HILL TRACE		STREET ADDRES	s						
CITY-ST-ZIP	TALLAHASSEE, FL 32317	_	CITY-ST-ZIP				,			
TITLE	D	De Delete	TITLE	D			[☑ Cha	nge 🔲 Addition		
NAME	MCCONNELL, MAXINE		NAME	Proc	tor, Juli 9 BAUM R	و				
STREET ADDRESS	2854 MORNINGSIDE DR		STREET ADDRES	1/03	9 BAUM R	20.				
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		LAHASEC/	-C 3231		<u> </u>		
TITLE	D MARTHA	□ Delete	MILE	\mathcal{D}	بالمبل 🛨	_	☐ Cha	nge 🗌 Addition		
NAME CTOCCT ADDOCCC	LITTLE, MARTHA		NAME	HUN	UT, VICKIO LA DUNDA	Juneau	•			
STREET ADDRESS CITY-ST-ZIP	5 LITTLE FARM ROAD HAVANA, FL 32333		STREET ADORES CITY-ST-ZIP	352	A DUMDA	IK DIVE	249			
CITY-ST-ZP HAVANA, FL 32333 CITY-ST-ZP TAWAMASCE, FL 32369 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 eath; 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:	Carole W Dalton	CAROLE W. DALTON	4/5/06	656-8593	
	BIGHATURE AND TYPED OR PRINTED HAME OF SIGN	ING OFFICER OR DIRECTOR	Date	Daytime Phone #	