## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001589

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Sep 07, 2007 Secretary of State

Entity Name: SOUTHWIND DRESSAGE & EVENTING ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1016 GREEN HILL TRACE 8891 BIXLER TRAIL TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32309 **Current Mailing Address: New Mailing Address:** 1016 GREEN HILL TRACE 8891 BIXLER TRAIL TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32309 FEI Number: 03-0501592 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DALTON, CAROLE W HARRISON, CLAIRE W 1016 GRÉENHILL TRACE 8891 BIXLER TRAIL US TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32317 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: CLAIRE HARRISON 09/07/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition ROSENWASSER, FERN DALY, KATHY Name: Name: 675 SHADY BRIDGE RD Address: 47 ANDREW J. HARGETT RD Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: CRAWFORDVILLE, FL 32327 Title: Title: (X) Change ( ) Addition ( ) Delete PHELPS, EMILY Name: HARTFORD, MARSHA Name: Address: P.O. BOX 107 Address: 16113 SUNRAY ROAD City-St-Zip: MONTICELLO, FL 32345 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: (X) Change ( ) Addition HOUMERE, PAMELA Name: SHOWALTER, NANCY Name: 4426 RABBIT POND RD 5008 TALLOW POINT ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: (X) Change ( ) Addition Name: DALTON, CAROLE Name: HARRISON, CLAIRE 1016 GREEN HILL TRACE 8891 BIXLER TRAIL Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32309

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: CLAIRE HARRISON TREA 09/07/2007

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PROCTOR, JULIE

TALLAHASSEE, FL 32317

TALLAHASSEE, FL 32309

1039 BAUM RD

HUNT, VICKIE

3522 DUNDALK DR

() Change () Addition

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