2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# N02000001589

Entity Name: SOUTHWIND DRESSAGE & EVENTING ASSOCIATION, INC.

Current Principal Place of Business:

8891 BIXLER TRAIL
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

8891 BIXLER TRAIL
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 03-0501592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, CLAIRE W
8891 BIXLER TRAIL
TALLAHASSEE, FL 32309 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:	DALY, KATHY	
Address:	47 ANDREW J. HARGETT RD	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	VP	( ) Delete
Name:	HARTFORD, MARSHA	
Address:	16113 SUNRAY ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	S	( ) Delete
Name:	SHOWALTER, NANCY	
Address:	5008 TALLOW POINT ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	T	( ) Delete
Name:	HARRISON, CLAIRE	
Address:	8891 BIXLER TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	PROCTOR, JULIE	
Address:	1039 BAUM RD	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	D	( ) Delete
Name:	HUNT, VICKIE	
Address:	3522 DUNDALK DR	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	CLARK, DEBBIE A	
Address:	5150 QUAIL VALLEY ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: CLAIRE HARRISON T 02/24/2008

Electronic Signature of Signing Officer or Director — Date