

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001589

FILED
Mar 13, 2009
Secretary of State

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: CLARK, DEBBIE A
Address: 5150 QUAIL VALLEY 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: PD (X) Change () Addition
Name: REDFEARN, ELIZABETH
Address: 14416 HIGH HILL POND 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:

Title: D (X) Change () Addition
Name: MURPHY, KAREN
Address: 7879 PROCTOR ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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

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03/13/2009

Electronic Signature of Signing Officer or Director

Date