2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001589

FILED Mar 14, 2011 Secretary of State

Entity Name: SOUTHWIND DRESSAGE & EVENTING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8891 BIXLER TRAIL TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

8891 BIXLER TRAIL TALLAHASSEE, FL 32309

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRISON, CLAIRE W 8891 BIXLER TRAIL

TALLAHASSEE, FL 32309 US

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

Name: PEARSON, MELISSA
Address: 1426 SW DUPONT ST
City-St-Zip: GREENVILLE, FL 32331

Title: VP

Name: MOORE, JO ANN
Address: 3460 NORTH SALT ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: S

Name: BRUNS, LINDA Address: 1146 BUCK LAKE ROAD

City-St-Zip: TALLAHASSEE, FL 32317

Title:

 Name:
 HARRISON, CLAIRE

 Address:
 8891 BIXLER TRAIL

 City-St-Zip:
 TALLAHASSEE, FL 32309

Title:

 Name:
 VAN WINKLE, TARI

 Address:
 725 DUPAC CIRCLE

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title:

Name: DALY, KATHY

Address: 47 ANDREW J. HARGETT RD City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE HARRISON T 03/14/2011