2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2012
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
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: T
Name: HARRISON, CLAIRE
Address: 8891 BIXLER TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: VAN WINKLE, TARI
Address: 725 DUPAC CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: HARRISON, KATE
Address: 8891 BIXLER TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

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 W HARRISON T 03/17/2012
Electronic Signature of Signing Officer or Director Date