

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90017 014 ****61.25

DOCUMENT # N02000002761					
1. Entity Name WELLINGTON EQUESTRIAN CLUB MASTER ASSOCIATION, INC.					
Principal Place of Business 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463			Mailing Address 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUSH, GEORGE W JR. 3473 SE WILLOUGHBY BLVD. STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE SD NAME GREENBURG, STEVEN STREET ADDRESS 12549 EQUINE LANE CITY-ST-ZIP WELLINGTON, FL 33414	☐ Delete				
TITLE SD NAME BLUM, JEFFREY STREET ADDRESS 12401 EQUINE LANE CITY-ST-ZIP WELINGTON, FL 33414	☒ Delete				
TITLE PD NAME GEORGE, DAVID STREET ADDRESS 12498 EQUINE LANE CITY-ST-ZIP WELLINGTON, FL 33414	☒ Delete				
TITLE TD NAME LENGEL, DENISE STREET ADDRESS 10506 WORLD CUP LANE CITY-ST-ZIP WEST PALM BEACH, FL 33414	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		Date: 2/11/08		Daytime Phone: #	