2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002761



Feb 18, 2008 8:00 am Secretary of State 02-18-2008 90017 014 ****61.25

	TON EQUESTRIAN CLUI TION, INC.	B MASTER							
Principal Place of Business 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463 Mailing Address 3900 WOODLAKE BLV LAKE WORTH, FL 334				9	y v	IT n 61887 n diti e b ill e b	rin Brill 1811 18	ni ingin heiri ith	Hite al eas
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01212008	Chg-NP	CR2E03	7 (12/06)	·
City & State	e	City & State			4. FEI Number NOT APP	LICABLE		<u> </u>	plied For t Applicable
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New I	Registered A	Agent	
0000.05	ODOS W ID			Name					
	ORGE W JR. VILLOUGHBY BLVD. FL 34994			Street Address	(P.O. Box Number	is Not Acceptabl	le)		
				City		<u>. </u>	FL.	Zip Code	e
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	office or registe	ered agent, or both,	in the State of F		amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered A	Agent signature require	ed when reinstating)		DATE		
SIGNATURE	Filing Fee is \$61.25	ent and title II applicable. (NOTE	npaign Fin	ancing _	\$5.00 May Be Added to Fees		DATE Make check		
	Filing Fee is \$61.25 Due by May 1, 2008	. 9. Election Car Trust Fund C	npaign Fin Contribution	ancing _	\$5.00 May Be Added to Fees	Flo	Make check orida Depar	tment of S	tate
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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 Lam 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:

NG OFFICER OR DIRECTOR