

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90018 034 ****61.25

DOCUMENT # N03440 1. Entity Name PARKLAND HORSEMAN'S ASSOCIATION, INC.	
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Principal Place of Business PARKLAND CITY HALL PARKLAND, FL 33067	Mailing Address C/O ANDREWS 9836 W. SAMPLE RD. CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0021014	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDREWS, LEWIS 9836 W SAMPLE RD CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE
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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.

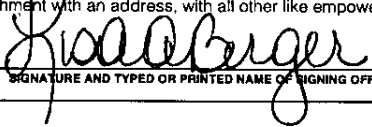
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNN, LIZ Halley, Elizabeth 7550 NW 84TH AVE 15 Gables Blvd PARKLAND, FL 33067 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, LIZ Chaykin, Julie 7550 NW 84TH AVE 6837 NW 65th Terrace PARKLAND, FL 33067 Parkland, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, LISA 6877 N. CALUMET CIR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOKINAKOS, MARIA 6550 NW 95 W POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO COOK, SUZIE 6738 SW 3RD GOCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	LISA A Berger Treasurer 2/2/04	954-325-4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #