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.

Principal Place of Business	Mailing Address
PARKLAND CITY HALL PARKLAND, FL 33067	C/O ANDREWS 9836 W. SAMPLE RD. CORAL SPRINGS, FL 33065

01062004 No Chg-NP CR2E037 (10/03)

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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

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	~~DUNN, LIZ~~ Halley, Elizabeth
STREET ADDRESS	~~7550 NW 84TH AVE.~~ 15 Gables Blvd
CITY-ST-ZIP	~~PARKLAND, FL 33067~~ Weston, FL 33326
TITLE	SD
NAME	~~DUNN, LIZ~~ Chaykin, Julie
STREET ADDRESS	~~7550 NW 84TH AVE~~ 6837 NW 65th Terrace
CITY-ST-ZIP	~~PARKLAND, FL 33067~~ Parkland, FL 33067
TITLE	TD
NAME	BERGER, LISA
STREET ADDRESS	6877 N. CALUMET CIR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	PD
NAME	KOKINAKOS, MARIA
STREET ADDRESS	6550 NW 95 W
CITY-ST-ZIP	POMPANO BEACH, FL 33076
TITLE	~~SD~~
NAME	~~COOK, SUZIE~~
STREET ADDRESS	~~6738 SN. SR 7~~
CITY-ST-ZIP	~~COCONUT CREEK, FL 33073~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Berger LISA A Berger Treasurer 2/2/04 954-325-4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #