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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N03460

(5)

1. Corporation Name

MIAMI-DADE DRESSAGE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

15375 SW 256 ST
HOMESTEAD FL 33032
US

C/O CAYADO
P O BOX 924235
HOMESTEAD FL 33092
US

3. Date Incorporated or Qualified
06/06/1984

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

21 9420 SW 78 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33173

Country

25 US

2a. Mailing Address

26 9420 SW 78 ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33173

Country

30 US

4. FEI Number

59-2471241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

CAYADO, LESLIE
15375 SW 256 ST
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

81 Name Lynn B. Lewis, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue, Suite 703

83

84 City Miami

FL

85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Lynn B. Lewis
Signature, typed or printed name of registered agent and title if applicable.

Lynn B. Lewis, President

4/9/96

DATE

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

T ☒ DELETE

NAME CAYADO, LESLIE
STREET ADDRESS 15375 SW 256 ST
CITY - ST - ZIP HOMESTEAD FL

P ☒ DELETE

NAME LEDGARD, JUAN
STREET ADDRESS 631 KENSINGTON PLACE
CITY - ST - ZIP WILTON MANORS FL

VP ☒ DELETE

NAME JAFFEE, EMILY
STREET ADDRESS 7199 SW 64 STR.
CITY - ST - ZIP MIAMI FL

S ☒ DELETE

NAME WOOD-COPA, KATHY
STREET ADDRESS 201 174 ST S2207
CITY - ST - ZIP MIAMI BCH FL

D ☒ DELETE

NAME COYLE, PATRICIA
STREET ADDRESS 7850 SW 145 STR.
CITY - ST - ZIP MIAMI FL

D ☒ DELETE

NAME KRIEDER, KAREN
STREET ADDRESS 21825 SW 207 AVENUE
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME EUGENE ABELLO
1.3 STREET ADDRESS 23225 SW 217 AVE
1.4 CITY - ST - ZIP PRINCETON, FL 33031

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME SUSAN AIRALA
2.3 STREET ADDRESS 56 S. HIBISCUS DR
2.4 CITY - ST - ZIP MIAMI BEACH, FL 33139

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME JOY MEDLOCK
3.3 STREET ADDRESS 14813 SW 140 PL
3.4 CITY - ST - ZIP MIAMI, FL 33186

4.1 TITLE TREASURER ☒ Change ☐ Addition

4.2 NAME SHARON PHILLIPS
4.3 STREET ADDRESS 9420 SW 78 ST
4.4 CITY - ST - ZIP MIAMI FL 33173

5.1 TITLE DIRECTOR ☒ Change ☐ Addition

5.2 NAME DELONES PLODGER
5.3 STREET ADDRESS 20125 SW 328 ST
5.4 CITY - ST - ZIP HOMESTEAD, FL 33030

6.1 TITLE DIRECTOR ☒ Change ☐ Addition

6.2 NAME STEPHANIE LAW
6.3 STREET ADDRESS 900 16th ST. #206
6.4 CITY - ST - ZIP MIAMI BEACH, FL 33139

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON PHILLIPS

4/3/96

Date

305 445 1958

Daytime Phone #

CR2E037 (12/95)

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MIAMI-DADE DRESSAGE ASSOCIATION, INC.

Continuation Sheet:

12. D
Ellinwood Brown
19300 Silver Palm Drive
Miami, FL 33170
- D
Heather Koschny
7690 S.W. 156 Street
Miami, FL 33157
- D
Juan Ledgard
709 S.W. 4th Court, #6
Ft. Lauderdale, FL 33312
- D
Sherry Walter
16100 S.W. 252 Street
Homestead, FL 33031