

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

pg. 1 of 2

DOCUMENT # **N03460** (5)

1. Corporation Name  
**MIAMI-DADE DRESSAGE ASSOCIATION, INC.**



Principal Place of Business  
**15375 SW 256 ST  
HOMESTEAD FL 33032  
US**

Mailing Address  
**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** 2a. Mailing Address  
26 **9420 SW 78 ST**

4. FEI Number **59-2471241** Applied For  
Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 23 **MIAMI FL** City & State 28 **MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip 24 **33173** Country 25 **US** Zip 29 **33173** Country 30 **US**

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* **Lynn B. Lewis, President** 4/9/96  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CAYADO, LESLIE</b>
STREET ADDRESS	<b>15375 SW 256 ST</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEDGARD, JUAN</b>
STREET ADDRESS	<b>631 KENSINGTON PLACE</b>
CITY - ST - ZIP	<b>WILTON MANORS FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JAFFEE, EMILY</b>
STREET ADDRESS	<b>7199 SW 64 STR.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WOOD-COPA, KATHY</b>
STREET ADDRESS	<b>201 174 ST S2207</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COYLE, PATRICIA</b>
STREET ADDRESS	<b>7850 SW 145 STR.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRIEDER, KAREN</b>
STREET ADDRESS	<b>21825 SW 207 AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EUGENE ABELLO</b>
1.3 STREET ADDRESS	<b>23225 SW 217 AVE</b>
1.4 CITY - ST - ZIP	<b>PRINCETON, FL 33031</b>
2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SUSAN AIALA</b>
2.3 STREET ADDRESS	<b>56 S. HIBISCUS DR</b>
2.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33139</b>
3.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOY MEDLOCK</b>
3.3 STREET ADDRESS	<b>14813 SW 140 PL</b>
3.4 CITY - ST - ZIP	<b>MIAMI FL 33186</b>
4.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SHARON PHILLIPS</b>
4.3 STREET ADDRESS	<b>9420 SW 78 ST</b>
4.4 CITY - ST - ZIP	<b>MIAMI FL 33173</b>
5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DELONES PLODOR</b>
5.3 STREET ADDRESS	<b>20125 SW 328 ST</b>
5.4 CITY - ST - ZIP	<b>HOMESTEAD FL 33030</b>
6.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>STEPHANIE LAW</b>
6.3 STREET ADDRESS	<b>900 16th ST. #206</b>
6.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33139</b>

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* **SHARON PHILLIPS** 4/3/96 305 445 1958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)

2 of 2

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