

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 043 ****61.25

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| DOCUMENT # N04000000719 | | | | | |
| 1. Entity Name EQUESTRIAN PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 12810 TAMiami TRAIL NORTH NAPLES, FL 34110 | | | Mailing Address 12810 TAMiami TRAIL NORTH NAPLES, FL 34110 | | |
| 2. Principal Place of Business 12709 TAMiami TR. E. | | 3. Mailing Address 12709 TAMiami TR. E. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04242006 Chg-NP CR2E037 (11/05) | |
| City & State Naples FL | | City & State Naples FL | | 4. FEI Number 20-0982934 | |
| Zip 34113 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROBISON, STEPHEN V 12810 TAMiami TRAIL NORTH NAPLES, FL 34110 | | | 7. Name and Address of New Registered Agent Name: <u>Collier Association Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>12709 TAMiami TRAIL EAST</u> City: <u>Naples</u> <u>FL</u> <u>34113</u> | | |
| 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: <u>[Signature]</u> DATE: <u>4/30/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE D NAME ROBISON, STEVEN V STREET ADDRESS 12810 TAMiami TRAIL NORTH CITY-ST-ZIP NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE D NAME GATES, TODD STREET ADDRESS 5405 PARK CENTRAL COURT CITY-ST-ZIP NAPLES, FL 34108 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE D NAME RICHARDT, HALMUT A STREET ADDRESS 12810 TAMiami TRAIL NORTH CITY-ST-ZIP NAPLES, FL 34110 | <input type="checkbox"/> Delete | | TITLE P NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE T NAME John Limbach STREET ADDRESS 2347 Gulfshore Blvd. N. CITY-ST-ZIP Naples, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE S NAME K. Srinivason STREET ADDRESS 1829 Imperial Golf Course Blvd. CITY-ST-ZIP Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 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: <u>[Signature]</u> | | | DATE: <u>4/30/06</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |