

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000719

FILED
Apr 30, 2007
Secretary of State

Entity Name: EQUESTRIAN PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12709 TAMIAMI TR EAST
NAPLES, FL 34113

New Principal Place of Business:

999 BRIARWOOD BLVD.
NAPLES, FL 34104

Current Mailing Address:

12709 TAMIAMI TR EAST
NAPLES, FL 34113

New Mailing Address:

999 BRIARWOOD BLVD.
NAPLES, FL 34104

FEI Number: 20-0982934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER ASSOCIATION MANAGEMENT
12709 TAMIAMI TR EAST
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

COLLIER ASSOCIATION MANAGEMENT
999 BRIARWOOD BLVD.
NAPLES, FL 34104 US

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.

SIGNATURE: _____

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHARDT, HALMUT A
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: LIMBACH, JOHN
Address: 2347 GULF SHORE BLVD NORTH
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: SEFNIVAISON, K.
Address: 1829 IMPERIAL COLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHARDT, HELMUT A
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SRINIVAISEN, K.
Address: 1829 IMPERIAL COLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARDT HELMUT

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date