

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000719

FILED
Jul 13, 2008
Secretary of State

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

Current Principal Place of Business:

999 BRIARWOOD BLVD.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

999 BRIARWOOD BLVD.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-0982934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHARDT, HELMUT 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: SRINIVAISEN, K.
Address: 1829 IMPERIAL COLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: FREESE, MATT
Address: 12276 TAMiami TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: T (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: KEITH TOMPKINS

PM

07/13/2008

Electronic Signature of Signing Officer or Director

Date