


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N04000007699	
1. Entity Name EQUUS ESTATES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 837 - 8TH STREET VERO BEACH, FL 32962	Mailing Address 2066 14TH AVENUE #101 VERO BEACH, FL 32960
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01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 48-2012222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRACKETT, ROBERT L 2066 14TH AVE #101 VERO BEACH, FL 32960

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, ROBERT L 2066 14TH AVE #101 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, DANIEL S 1425 43RD CT VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, ROBERT A 8600 5TH ST VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-80032-014 61.25

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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: Robert L Brackett 4/7/08 772 567-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #