

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008652

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** EQUESTRIAN PARC AT HIGHWOODS PRESERVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18201 HIGHWOODS PRESERVE PKWY  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

18201 HIGHWOODS PRESERVE PKWY  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-3351327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZARETSKY, LOUIS D ESQ.  
555 NE 15 ST STE 100  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

ZARETSKY, LOUIS D ESQ.  
2915 BISCAYNE BLVD  
STE 300  
MIAMI, FL 33137 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

01/25/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: POYASTRO, MIGUEL  
Address: 2600 DOUGLAS ROAD STE. 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD  
Name: MONDRAGON, INGRIS  
Address: 2600 DOUGLAS ROAD STE. 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: AL  
Name: FOWLER, JOSEPH  
Address: 16 LAMPLIGHT DRIVE  
City-St-Zip: ATKINSON, NH 03811

I hereby 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 all other like empowered.

SIGNATURE: MIGUEL POYASTRO

PD

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date