

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06917**

1. Entity Name  
**TAMPA BAY HORSE SHOW ASSOCIATION, INC.**



Principal Place of Business  
**2602 BEACH DRIVE  
TAMPA, FL 33629**

Mailing Address  
**2602 BEACH DRIVE  
TAMPA, FL 33629**



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2480478**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**QUADE, JOANNE B  
2602 BEACH DRIVE  
TAMPA, FL 33629**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD WOODWARD, JOAN 2106 SOUTH CORTEZ TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUADE, JOANNE B 2602 BEACH DRIVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUADE, ARTHUR L 2602 BEACH DRIVE TAMPA, FL 33629
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000000303263  
04/13/05-80107-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Joanne B. Quade **JOANNE B QUADE** 4/13/05 (813) 839-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #