2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N06917

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

Principal Place of Business	Mailing Address
2602 BEACH DRIVE TAMPA, FL 33629	2602 BEACH DRIVE TAMPA, FL 33629

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03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2480478
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QUADE, JOANNE B
2602 BEACH DRIVE
TAMPA, FL 33629

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000495174
04/20/06-80074-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	WOODWARD, JOAN
STREET ADDRESS	2106 SOUTH CORTEZ
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	PD
NAME	QUADE, JOANNE B
STREET ADDRESS	2602 BEACH DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	QUADE, ARTHUR L
STREET ADDRESS	2602 BEACH DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joanne B. Quade 4/3/06 (813)839-3476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #