

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 015 *****70.00

DOCUMENT # N22234

1. Entity Name
PALM BEACH DRESSAGE DERBY, INC.



Principal Place of Business
**NO. 10 CYPRESS GROVE LANE
LOXAHATCHEE, FL 33470 US**

Mailing Address
**1420 S. LIVERNOIS
ROCHESTER, MI 48307 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052005 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2028259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCPHAIL, WALTER S
NO. 10 CYPRESS LANE
LOXAHATCHEE, FL 33470**
*50 BLOSSOM WAY
PALM BEACH, FL 33480*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **MCPHAIL, MARY ANNE**
STREET ADDRESS **NO. 10 CYPRESS GROVE LANE**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☒ Change ☐ Addition
NAME **50 BLOSSOM WAY**
STREET ADDRESS **PALM BEACH FL 33480**
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **MCPHAIL, WALTER S**
STREET ADDRESS **NO. 10 CYPRESS GROVE LANE**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☒ Change ☐ Addition
NAME **50 BLOSSOM WAY**
STREET ADDRESS **PALM BEACH FL 33480**
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **SCERBO, FRANK**
STREET ADDRESS **1144 BROOKWOOD**
CITY-ST-ZIP **BIRMINGHAM, MI 48009** *BIRMINGHAM*

TITLE ☐ Change ☐ Addition
NAME **BIRMINGHAM MI 48009**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Walter S. McPhail* **WALTER S. MCPHAIL** *7/13/05* *248-608-7203*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #