

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26486**

1. Entity Name  
**THE EQUESTRIAN CLUB PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**3150 HICKSTEAD PLACE  
WEST PALM BEACH, FL 33414**

Mailing Address

**3150 HICKSTEAD PLACE  
WEST PALM BEACH, FL 33414**



05272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0069584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KERRY R. SCHWENCKE, ESQUIRE  
1209 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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	P/D HOOKER, TIMOTHY I. 3150 HICKSTEAD PLACE WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LINDNER, CRAIG S ONE EAST FOURTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GOODMAN, JOAN 777 SO FLAGLER DR, SUITE 1106 WEST PALM BEACH, FL 33401
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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06/01/04-80005-007 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)(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:**

*Timothy I Hooker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Timothy I Hooker* 5/27/04 561-793-9260  
Date Daytime Phone #