

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

FILED
May 02, 2005 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**



04292005 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 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
**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

1100000355292
05/03/05-80141-015 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 817, 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

Timothy I Hooker

5/29/05

561-793-9260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #