


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 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	



05122006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069584	Applied For <input type="checkbox"/> Not Applicable
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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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

U00000567351
06/19/06-80006-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Timothy I Hooker 5/11/06 561-793-9260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #