

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27184** (3)

1. Corporation Name

CONCERNED HORSEMEN TRAILRIDERS OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

16281 E. AQUADUCT DRIVE
LOXAHATCHEE FL 33470
US

16281 E. AQUADUCT DR.
LOXAHATCHEE FL 33470
US

3. Date Incorporated or Qualified

06/28/1988

4. FEI Number

65-0402337

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, DONNA
16281 E. EQUADUCT DRIVE
LOXAHATCHEE FL 33470

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DONNA	1.2 NAME	
STREET ADDRESS	16281 E. EQUADUCT DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORGEY, LAUREEN	2.2 NAME	
STREET ADDRESS	11590 49TH STREET NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PLAM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSTEIN, GAIL	3.2 NAME	Secretary
STREET ADDRESS	17032 SHETLAND LANE	3.3 STREET ADDRESS	Batcheler Batcheler, Joyce
CITY - ST - ZIP	LOXAHATCHEE FL	3.4 CITY - ST - ZIP	760 E Road Loxahatchee, FL 33470
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD, ELIZABETH	4.2 NAME	
STREET ADDRESS	4468 GLOBAL TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOXXAHATCHEE FL	4.4 CITY - ST - ZIP	
TITLE	BMD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, CHRISTY	5.2 NAME	D Taylor, Sue
STREET ADDRESS	13724 FARLEY ROAD	5.3 STREET ADDRESS	4900 rhango Blvd.
CITY - ST - ZIP	LOXAHATCHEE FL	5.4 CITY - ST - ZIP	West Palm Beach, FL 33411
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, KAREN	6.2 NAME	Baker, Carolyn
STREET ADDRESS	4840 126TH DRIVE NORTH	6.3 STREET ADDRESS	4781 129th Ave. North
CITY - ST - ZIP	ROYAL PALM BEACH FL	6.4 CITY - ST - ZIP	West Palm Beach, FL 33411

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna Ward

4-14-98 561-996-1600

CR2E037 (10/97)