

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90038 030 \*\*\*\*61.25

**DOCUMENT # N27717**

1. Entity Name  
**EAGLE ROCK EQUESTRIAN CLUB, INC.**



Principal Place of Business  
**1 WINCHESTER RD  
ORMOND BEACH, FL 32174**

Mailing Address  
**1 WINCHESTER RD  
ORMOND BEACH, FL 32174**

**94030271**



02132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CHMILNITZKY, RAYMOND  
38 WINCHESTER RD  
ORMOND BEACH, FL 32174**

**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

*Raymond Chmilitzky*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*3/12/04*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing: ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CHMILNITZKY, RAYMOND  
3 P WINCHESTER RD  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
KOGUT, WILLIAM  
12 WINCHESTER RD  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DEVILBISS, WILLIAM  
17 REMINGTON ROAD  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MOORE, KITTY  
18 REMINGTON ROAD  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WESTFALL, GERI  
33 WINCHESTER RD.  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Raymond Chmilitzky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/04*  
Date

*386-290-8169*  
Daytime Phone #