2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # N27717 1. Entity Name EAGLE ROCK EQUESTRIAN CLUB, INC.						04-20-200)5 90359	023 ****6	1.25	
Principal Place 1 WINCHESTE ORMOND BE		Mailing Address 1 WINCHESTER RD ORMOND BEACH, FL	32174			1 1 78 (MB) 8 (6	å ((\$')) (Ymil lavas 1)åri	1881 818(1 9)611		11178
2. Principal P	Place of Business	3. Mailing Address					A. A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03212005	Chg-NP	CBSE	E037 (10/03)	
City & State	e	City & State				4. FEI Numbe	er		<u>.</u>	oplied For
Zip Country		Zip	intry		NOT APPLICABLE Not Applicable Services of Status Parison \$8.75 Additional					
Zip	·		000	, , , , , , , , , , , , , , , , , , ,			of Status Desire		Fee Require	
	-6. Name and Address of Current	Hegistered Agent		Name		-7. Name and	Address of New	w Registere	a Agent	
	ZKY, RAYMOND ESTER RD				ddress (F	O. Box Numbe	er is Not Accepta	able)		
	BEACH, FL 32174						•			
	٠ خ			City				F	Zip Coo	ie
8. The above	named entity submits this statement for	r the purpose of changing its	s registere	ed office or	registere	d agent, or bot	th, in the State of			and accept
the obligat	ions of registered agent.		-	-		11	1000		,	
SIGNATURE .	RAYMOND CHM	WNITZKV.		T.	>	/////			-/-/	
SIGNATORE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signate	re required	when reinstating)	1.	~ DAT	3//8/10	
Sidivatoric		9. Election Ca Trust Fund	mpaign F	inancing		when reinstating) \$5.00 May B Added to Fees	de F		eck payable to	
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Etection Ca Trust Fund	mpaign F	inancing		\$5.00 May E Added to Fees	He F	lorida Dep	artment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Etection Ca Trust Fund	mpaign F Contribut	inancing ion.		\$5.00 May E Added to Fees	F	lorida Dep	artment of S	tate
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SY INING OFFICER OR DIRECTOR

290 8 169 Daytime Phone #