2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90011 035 ****61.25

DOCUMENT # N27717

1. Entity Name
EAGLE ROCK EQUESTRIAN CLUB, INC.

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

02162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
TYLER-MOORE, KATHRYN 18 REMINGTON RD ORMOND BEACH, FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Kathryn Tyler-Moore KATHRYN TYLER-MOORE 2/16/07
Signature, type or print name of officer or agent, and title if applicable (NOTE: Required if agent is a corporation) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TARLINI, VINCE 30 WINCHESTER RD ORMOND BEACH, FL 32174	☑ Delete	VP GAINEY, DARLENE RFD 633 PINELAND TRAIL ORMOND BEACH, FL 32174	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KOGUT, WILLIAM 12 WINCHESTER RD ORMOND BEACH, FL 32174	☑ Delete	S McCULLAR, JUDI 4142 CR 305 BUNNELL, FL 32110	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, KITTY 18 REMINGTON ROAD ORMOND BEACH, FL 32174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KROL, JOHN 26 WINCHESTER RD ORMOND BEACH, FL 32174	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRAUDE, DAVID 4 REMINGTON RD ORMOND BEACH, FL 32174	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~RONALD BATT~~ P BATT, RONALD 282 CR 2006 EAST BUNNELL, FL 32110	☐ Delete		☐ Change ☐ Addition

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: Kathryn Tyler-Moore 2/16/07 386-437-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KATHRYN TYLER-MOORE