


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90052 010 ****61.25

DOCUMENT # N35271 1. Entity Name FLYING HARNESS FARM OWNERS ASSOCIATION, INC.					
Principal Place of Business 2030 SW 13TH PLACE BELL FL BELL FL 32619 US			Mailing Address 2030 SW 13TH PLACE BELL FL BELL FL 32619 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3000002			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALKER, JOAN M 1800 SW 15TH STREET BELL FL 32619			7. Name and Address of New Registered Agent 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 <u><i>Joan M. Walker</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>April 7, 2007</u>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD BOIVEN, LARRY 1709 SW 15TH ST BELL FL 32619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOIVEN, LARRY 1709 SW 15TH ST BELL, FL 32619
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WALKER, JOAN M 1800 SW 15TH STREET BELL FL 32619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WALKER, JOAN M 1800 SW 15TH STREET BELL, FL 32619
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WALKER, STEVE 1800 SW 15TH ST BELL FL 32619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, STEVE 1800 SW 15TH ST BELL, FL 32619
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORIN, DON PO BOX 718 BELL FL 32619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORIN, DON PO BOX 718 BELL, FL 32619
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORTON, DAN 2030 13TH PLACE BELL FL 32619	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORTON, DAN 2030 13TH PLACE BELL, FL 32619
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUANDCCIO, ROSS 205 SW 15TH PLACE BELL FL 32619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUANDCCIO, ROSS 205 SW 15TH PLACE BELL, FL 32619
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joan M. Walker* **JOAN M. WALKER** 4/7/07 352 463-6149