


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90033 025 \*\*\*\*61.25

DOCUMENT # N36359					
1. Entity Name EQUESTRIAN CLUB ESTATES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business G.R.S MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33483 US			Mailing Address G.R.S MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33483 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01312008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0069584	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORE, DAVID ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE WEST PALM BEACH, FL 33401			Name <i>Jay Steven Levine PA</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>3360 PGA Blvd, Ste 590</i>		
			City <i>Calm Beach Gardens FL</i> Zip Code <i>33410</i>		
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 <i>Jay Steven Levine</i>				DATE <i>2-19-08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, CAROL A		NAME	<i>Montgomery Carol A</i>	
STREET ADDRESS	14159 CALYPSO LANE		STREET ADDRESS	<i>14159 Calypso Lane</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKE, TIMOTHY		NAME	<i>Hooker Timothy</i>	
STREET ADDRESS	3760 VAUGHN RD		STREET ADDRESS	<i>14239 Calypso Ln</i>	
CITY-ST-ZIP	NASHVILLE, TN 37221		CITY-ST-ZIP	<i>Wellington FL 33414</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNE, KATHRYN		NAME	<i>Coyne Kathryn</i>	
STREET ADDRESS	91 BOULDERWOOD DR.		STREET ADDRESS	<i>14264 Stroller Way</i>	
CITY-ST-ZIP	BERNARDSVILLE, NJ 07924		CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KEN		NAME		
STREET ADDRESS	3601 AMBASSADOR RD		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, EVAN S		NAME	<i>Ward Evans</i>	
STREET ADDRESS	3660 JAPPELOUP LANE		STREET ADDRESS	<i>3660 Jappeloup Lane</i>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<i>Wellington FL 33414</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Remington, Edward</i>	
STREET ADDRESS			STREET ADDRESS	<i>14229 Calypso Lane</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Wellington FL 33414</i>	
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: <i>Carol A Montgomery</i>		CAROL A MONTGOMERY		5 Feb 08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	