FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:15

DOCUMENT # **N41489** **(8)**

1. Corporation Name

THE EQUESTRIAN CLUB VILLAS HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
~~% LANG MANAGEMENT~~ ~~5295 TOWN CENTER RD #200~~ ~~BOCA RATON FL 33486~~	~~% LANG MANAGEMENT~~ ~~5295 TOWN CENTER RD #200~~ ~~BOCA RATON FL 33486~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1990
3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0325014 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 %PALM BEACH POLO SERVICES	26 % PALM BEACH POLO SERVICES
Suite, Apt. #, etc. 22 11809 POLO CLUB RD	Suite, Apt. #, etc. 27 11809 POLO CLUB RD.
City & State 23 WEST PALM BEACH, FL.	City & State 28 WEST PALM BEACH, FL
Zip 24 33414 Country 25	Zip 29 33414 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAM K ISAACSON % LANG MANAGEMENT 5295 TOWN CENTER RD #200 BOCA RATON 33486	81 Name: R.C. MCLAUGHLIN 82 Street Address (P.O. Box Number is Not Acceptable): % PALM BEACH POLO SERVICES 83: 11809 POLO CLUB RD 84 City: WEST PALM BEACH FL 85 Zip Code: 33414

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: R.C. MCLAUGHLIN, PRESIDENT — 3/24/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~STD~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~BLACK, KATHERINE E~~	12 NAME	MCLAUGHLIN, R.C.	
STREET ADDRESS	~~1200 SO CONGRESS AVE~~	13 STREET ADDRESS	11809 POLO CLUB RD	
CITY-ST-ZIP	~~W PALM BCH FL~~	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	~~PD~~	21 TITLE	VD	☒ Change ☐ Addition
NAME	~~BLACK, RICHARD B.~~	22 NAME	WELSH, JACK J.	
STREET ADDRESS	~~1200 SO CONGRESS AVE~~	23 STREET ADDRESS	11809 POLO CLUB RD	
CITY-ST-ZIP	~~W PALM BCH FL~~	24 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	~~VD~~	31 TITLE		☐ Change ☐ Addition
NAME	~~RINKER, M.E. III~~	32 NAME		
STREET ADDRESS	~~1200 SO CONGRESS AVE~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~W PALM BCH FL~~	34 CITY-ST-ZIP		
TITLE		41 TITLE	STD	☒ Change ☐ Addition
NAME		42 NAME	LOBASZ, M. THOMAS	
STREET ADDRESS		43 STREET ADDRESS	11809 POLO CLUB RD	
CITY-ST-ZIP		44 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is truthful and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3/14/95 (407) 798-7036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. T. Lobasz