

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41489 (8)

1. Corporation Name

THE EQUESTRIAN CLUB VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PALM BEACH POLO SERVICES
11809 POLO CLUB RD
WEST PALM BEACH FL 33414
US

C/O PALM BEACH POLO SERVICES
11809 POLO CLUB RD
WEST PALM BEACH FL 33414
US



3. Date Incorporated or Qualified

12/31/1990

3a. Date of Last Report

03/29/1995

4. FEI Number

65-0325014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, R. C
C/O PALM BEACH POLO SERVICES
11809 POLO CLUB RD
WEST PALM BEACH FL 33414

81 Name

Sharron Scott

82 Street Address (P.O. Box Number is Not Acceptable)

14259 Calypso Lane

83

84 City

Wellington

FL

85 Zip Code

33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sharron Scott

(NOTE: Registered Agent signature required when reinstating)

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME MCLAUGHLIN, R. C
STREET ADDRESS 11809 POLO CLUB RD
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME William P. Varney
1.3 STREET ADDRESS 14259 Calypso Lane
1.4 CITY-ST-ZIP Wellington, FL. 33414

TITLE VD ☒ DELETE
NAME WELSH, JACK J
STREET ADDRESS 11809 POLO CLUB RD
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Herbert J. Weber
2.3 STREET ADDRESS 14259 Calypso Lane
2.4 CITY-ST-ZIP Wellington, FL. 33414

TITLE STD ☒ DELETE
NAME LOBASZ, M. T
STREET ADDRESS 11809 POLO CLUB RD
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Sharron Scott
3.3 STREET ADDRESS 14259 Calypso Lane
3.4 CITY-ST-ZIP Wellington, FL. 33414

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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. Upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

407-793-0124

Daytime Phone

CR2E037 (12/95)