

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 17 1997 8:00am  
Secretary of State

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1990  
3a. Date of Last Report 05/01/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21. 40 Wellington Management 26. 40 Wellington Management

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22. 12785-C Forest Hill Blvd. 27. 12785-C Forest Hill Blvd.

City & State City & State  
23. Wellington FL. 28. Wellington FL.

Zip Country Zip Country  
24. 33414 25. USA 29. 33414 30. USA

9. Name and Address of Current Registered Agent

SCOTT, SHARRON  
14259 CALYPSO LANE  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81. Name SHARRON SCOTT  
82. Street Address (P.O. Box Number is Not Acceptable) 3401 EQUESTRIAN CLUB RD  
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 SHARRON SCOTT 9/10/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME VARNEY, WILLIAM P.  
STREET ADDRESS 14259 CALYPSO LANE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D  
NAME WEBER, HERBERT J.  
STREET ADDRESS 14259 CALYPSO LANE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D  
NAME SCOTT, SHARRON  
STREET ADDRESS 14259 CALYPSO LANE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3401 EQUESTRIAN CLUB RD.  
1.4 CITY-ST-ZIP Wellington, FL 33414

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 3401 EQUESTRIAN CLUB RD.  
2.4 CITY-ST-ZIP Wellington, FL 33414

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 3401 EQUESTRIAN CLUB RD  
3.4 CITY-ST-ZIP Wellington, FL 33414

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

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

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

14. I do hereby certify that the information supplied with this filing 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 SHARRON SCOTT 9/10/97 5/10/97 5/10/97 5/10/97

CR2E037 (4/97)