

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41489

1. Entity Name

THE EQUESTRIAN CLUB VILLAS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

C/O WELLINGTON MGMT.
12785-C FOREST HILL BLVD
WELLINGTON FL 33414
US

C/O WELLINGTON MGMT.
12785-C FOREST HILL BLVD
WELLINGTON FL 33414
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0325014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, SHARRON
3401 EQUESTRIAN CLUB RD
WELLINGTON FL 33414

Name John Newsome

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

12785-C Forest Hill Blvd.

City Wellington

FL

Zip Code 33414

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME VARNEY, WILLIAM P.
STREET ADDRESS 3401 EQUESTRIAN CLUB RD
CITY-ST-ZIP WELLINGTON FL ☒ Delete

TITLE D
NAME Reimer, David
STREET ADDRESS 14300 Calypso Lane
CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

TITLE D
NAME WEBER, HERBERT J.
STREET ADDRESS 3401 EQUESTRIAN CLUB RD
CITY-ST-ZIP WELLINGTON FL ☒ Delete

TITLE D
NAME Tushman, Myles
STREET ADDRESS 14179 Calypso Lane
CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

TITLE D
NAME SCOTT, SHARRON
STREET ADDRESS 3401 EQUESTRIAN CLUB RD
CITY-ST-ZIP WELLINGTON FL ☒ Delete

TITLE D
NAME Pine, Joan
STREET ADDRESS 14169 Calypso Lane
CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

SIGNATURE

4/5/02

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90221 004 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)