

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90221 004 ****61.25

DOCUMENT # N41489

1. Entity Name

**THE EQUESTRIAN CLUB VILLAS HOMEOWNERS ASSOCIATIO
 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.

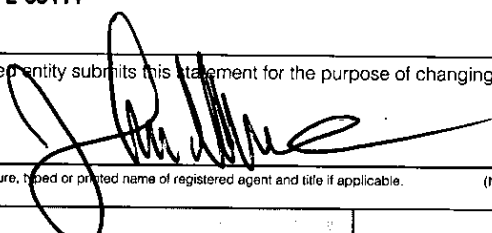
City **Wellington**

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



3-25-02

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

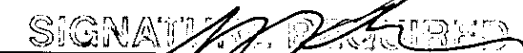
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	VARNEY, WILLIAM P.	3401 EQUESTRIAN CLUB RD	WELLINGTON FL	<input checked="" type="checkbox"/>
D	WEBER, HERBERT J.	3401 EQUESTRIAN CLUB RD	WELLINGTON FL	<input checked="" type="checkbox"/>
D	SCOTT, SHARRON	3401 EQUESTRIAN CLUB RD	WELLINGTON FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Reimer, David	14300 Calypso Lane	Wellington, FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Tushman, Myles	14179 Calypso Lane	Wellington, FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Pine, Joan	14169 Calypso Lane	Wellington, FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

CR2E037 (9/01)