

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 # N93000001587 (5)

1. Corporation Name

NATIONAL ASSOCIATION OF THOROUGHBRED OWNERS, INC



Principal Place of Business

Mailing Address

11780 US HWY 1
SUITE 300
N PALM BEACH FL 33408

11780 US HWY 1
SUITE 300
N PALM BEACH FL 33408

3. Date Incorporated or Qualified
04/02/1993

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HWY 1
SUITE 300
N PALM BEACH FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD RUDDER, DONALD I**
STREET ADDRESS **67 N BEACH RD**
CITY - ST - ZIP **JUPITER ISLAND FL**

TITLE ☐ DELETE
NAME **TD VICKERY, CHARLES E. 111**
STREET ADDRESS **273 E MT. VERNON ST.**
CITY - ST - ZIP **OXFORD PA**

TITLE ☐ DELETE
NAME **SD HARMONAY, MAUREEN**
STREET ADDRESS **144 CAYSEWAY ST**
CITY - ST - ZIP **MILLIS MA**

TITLE ☐ DELETE
NAME **BMD AVANZINO, KENNETH**
STREET ADDRESS **1234 SUMMER ST**
CITY - ST - ZIP **STANFORD CT**

TITLE ☐ DELETE
NAME **BMD WILLIAM, KELLMAN**
STREET ADDRESS **245 OAKTREE DR**
CITY - ST - ZIP **BENNYAN NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☒ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

PRESIDENT
AVANZINO, KENNETH
1234 SUMMER ST
STANFORD, CONN

BMD
CORNACCHIA
10590 PINE TREE TER.
BOYNTON BEACH, FLA 33436-4904

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 119.07(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, or on an attachment with an address.

SIGNATURE: **DONALD I. RUDDER CD** *Donald I. Rudder* **4-18-96** **407-546-2856**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)