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NONPROFIT CORPORATION ANNUAL REPORT

1997

BOYNTON BEACH FL



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300001587 (5)

NATIONAL ASSOCIATION OF THOROUGHBRED OWNERS, INC

•									
Principal Plac	e of Business	Mailing Address						IBANA 1884 FBBN	
11780 US HWY 1 SUITE 300 N PALM BEACH FL 33408		11790 US HWY 1 SUITE 300 N PALM BEACH FL 33408-3075							
						3. Date Incorporated or Qualified 04/02/1993	3a. D.	oate of Last R 04/24/19	leport 96
Principal Place of Business 1		2a. Mailing Address 26			EE-0402148		oplied For ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	Zip Country			This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curre	29 3 nt Registered Agent	101			Florida Statutes 10. Name and Address of New Re		_	
	g, Harris and Addition of Carry	III HOBIBIOIOS ABOIL	81	Name					
FHS CO	RPORATE SERVICES, INC.		ļ	ļ	·				
	IS HWY 1		82	Stree	t Addre	ss (P.O. Box Number is Not Acceptal	ole)		
SUITE 3			83						•
n Palm	BEACH FL 33408		84	City				85 Zip (Code
44 5				´			<u>FL</u>	. ` `	
office or r	to the provisions of Sections 617.05 registered agent, or both, in the State	02 and 617.1508, Florida Statutes of Florida, Such change was au	s, the above thorized by	e-name / the co	d corpo rporatio	ration submits this statement for the polynomial name of directors. I hereby acce	ourpose o pt the apr	f changing it pointment as	s registered registered
	im familiar with, and accept the oblig	pations of, Section 617.0503, Flori	ida Statutes	S .					_
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Age	ent signatu	re riuger er	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	D DIRECTOR	S IN 12
TITLE	CO	7 =		1.1 TITLE				Change	Addition
NAME	RUDDER, DONALD I		1.2 NAME						
STREET ADDRESS	67 N BEACH RD		1.3 STREET	1.3 STREET ADDRESS					
CITY-ST-ZIP	JUPITER ISLAND FL	רון הבי בדב	1.4 CITY - ST - ZIP						T 1
TITLE	MONEDA OFFUECE 444	☐ DELETE	2.1 TITLE		ļ			Change	Addition
NAME	VICKERY, CHARLES E. 111 273 E MT. VERNON ST.		2.2 NAME						
STREET ADDRESS	OXFORD PA		2.3 STREET ADDRESS		İ				
CITY-ST-ZIP TITLE	SD SD	DELETE	2.4 CHY-ST-ZIP 3.1 TITLE		+			Change	Addition
NAME	HARMONAY, MAUREEN			3.2 NAME				C) change	☐ WOULDIN
STREET ADDRESS	444 OAVOEWAY OF		3.3 STREET	ANNOCCC					
CITY-ST-ZIP	MILLIS MA	1110 114							
TITLE	P	☐ DELETE	3.4. CITY - S 4.1 TITLE)I - ZIF		V - V - V - V - V - V - V - V - V - V -		Change	Addition
NAME	AYANZINO, KENNETH		4. 2 NAME						
STREET ADDRESS	AAAA ALMMARD AY			4.3 STREET ADDRESS					
CITY-ST-ZIP	STANFORD CT		4.4 CITY - S						
TITLE	BMD	☐ DELETE	5.1 TITLE		1			☐ Change	☐ Addition
NAME	4281 4 4224 4784 4 4441		5.2 NAME					-	
STREET ADDRESS 245 OAKTREE DR			5.3 STREET ADDRESS						
CITY-ST-ZIP	BENNYAN NY		5.4 CITY+ST+ZIP						
TITLE	# · · · =		6.1 TITLE		1			☐ Change	Addition
NAME	CORNACCHIA		6.2 NAME						
STREET ADDRESS	10590 PINE TREE TERR		6.3 STREET	ADDRESS					

I do hereby certify that the information supplied with this filling 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.

Popular I am 1997 561–546–2856