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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

65-0402148

Applied For

Not Applicable

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

Yes No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AVANZINO, KENNETH
1234 SUMMER ST
STANFORD CT

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMD
CORNACCHIA
10590 PINE TREE TERR
BOYNTON BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 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

May 15, 1998

561-896-2856

CR2E037 (10/97)