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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005721

1. Corporation Name

ACREAGE HORSEOWNERS ASSOCIATION INC.

Principal Place of Business

11964 N 41ST CT
WEST PALM BCH FL 33411
US

Mailing Address

11964 NO 41ST COURT
WEST PALM BCH FL 33411
US



| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 11/17/1994 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-3301192 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 26 | | 31 | | Trust Fund Contribution | |

9. Name and Address of Current Registered Agent

DAVID WAGNER
11964 NO 41ST COURT
PWEST PALM BCH FL 33470

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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: DAVID WAGNER * David Wagner 2-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID WAGNER | 1.2 NAME | |
| STREET ADDRESS | 11964 NO 41ST COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT BASKIN | 2.2 NAME | |
| STREET ADDRESS | 11819 41 ST COURT NO | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL PALM BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHARON FELT | 3.2 NAME | |
| STREET ADDRESS | 13087 43RD ROAD NO. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENE WERTHIMER | 4.2 NAME | |
| STREET ADDRESS | 13087 43RD RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL PLM BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIE BURKETT | 5.2 NAME | |
| STREET ADDRESS | 14893 89TH PL N | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOXAHACHEE FL 33470 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONNA WARD | 6.2 NAME | |
| STREET ADDRESS | 16281 E. AQUADUCT DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOXAHACHEE FL 33470 | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: DAVID WAGNER REQUIRED David Wagner 2-17-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)