

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 028 ****61.25

DOCUMENT # N94000005721

1. Entity Name

ACREAGE HORSEOWNERS ASSOCIATION INC.

Principal Place of Business

~~14984 N 41ST CT~~
WEST PALM BCH FL 33411
US

Mailing Address

~~11984 NO 41ST COURT~~
WEST PALM BCH FL 33411
US

2. Principal Place of Business

16086 E Stallion Dr
 Suite, Apt. #, etc.

3. Mailing Address

16086 E Stallion Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LOX FL

City & State

LOX FL

4. FEI Number

59-3301192

Applied For

Not Applicable

Zip

33470

Country

US

Zip

33470

Country

US

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

WISEMILLER, MARIA
16086 E STALLION DRIVE
LOXAHATCHEE FL 33470

Name

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

City

FL

Zip Code

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

Maria del C Thue Miller

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

(NOTE: Registered Agent signature required when reinstating)

7-18-01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE **P** ☒ Delete
 NAME **DAVID WAGNER**
 STREET ADDRESS **11964 NO 41ST COURT**
 CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **VP** ☒ Delete
 NAME **ROBERT BASKIN**
 STREET ADDRESS **11819 41 ST. COURT. NO**
 CITY-ST-ZIP **ROYAL PALM BCH FL**

TITLE **SD** ☐ Delete
 NAME **SHARON FELT**
 STREET ADDRESS **13087 43RD ROAD NO.**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TD** ☒ Delete
 NAME **RENE WERTHIMER**
 STREET ADDRESS **13087 43RD RD**
 CITY-ST-ZIP **ROYAL PLM BCH FL**

TITLE **D** ☐ Delete
 NAME **MARTIE BURKETT**
 STREET ADDRESS **14893 89TH PL N**
 CITY-ST-ZIP **LOXAHACHEE FL 33470**

TITLE **D** ☒ Delete
 NAME **DONNA WARD**
 STREET ADDRESS **16281 E. AQUADUCT DRIVE**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **MARIA WISEMILLER**
 STREET ADDRESS **16086 E STALLION DR**
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **DONNA WARD**
 STREET ADDRESS **16281 E AQUADUCT DR**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ALB Dickinson** ☐ Change ☒ Addition
 NAME **15827 58th PLN**
 STREET ADDRESS **Royal Palm Beach FL 33411**
 CITY-ST-ZIP **FL 33411**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **Director** ☐ Change ☒ Addition
 NAME **Carl Fleming**
 STREET ADDRESS **15827 58th PLN**
 CITY-ST-ZIP **Royal Palm Beach FL 33411**

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:

Maria del C Thue Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-01 561-227-1501

Date

Daytime Phone #

CR2E037 (5/01)

0000810