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Jul 28, 2002 8:00 am
Secretary of State
05-28-2002 91759 040 ****61.25

39817

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005721

1. Entity Name
ACREAGE Horse owners Association Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16086 E Stallion Dr	16086 E Stallion Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee, FIA	City & State: Loxahatchee FL
Zip: 33470 County: Palm Bch	Zip: 33470 Country: Palm Bch

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 3301192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA WISE Miller
Street Address (P.O. Box Number is Not Acceptable): 16086 E Stallion Dr
City: Loxahatchee FL Zip Code: 33470

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: x MARIA WISE Miller
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 5/20/2002

FEE IS $61.25 Initial or Amended UBR

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	President
NAME	MARIA WISE Miller D
STREET ADDRESS	16086 E STALLION Dr
CITY-ST-ZIP	Loxahatchee FIA 33470
TITLE	Vice President
NAME	Donna Ward D
STREET ADDRESS	16281 E Aqueduct Dr
CITY-ST-ZIP	Loxahatchee FIA 33470
TITLE	SECRETARY
NAME	Sharon Felt D
STREET ADDRESS	13087 43rd Rd N
CITY-ST-ZIP	RP Bch FIA 33411
TITLE	Treasurer
NAME	Helmut Schmitt D
STREET ADDRESS	17429 Tangerine Blvd.
CITY-ST-ZIP	Loxhatchee FIA 33470
TITLE	Board Member
NAME	Walt Muldenberg D
STREET ADDRESS	16318 E Glasgow Dr.
CITY-ST-ZIP	Loxahatchee, FIA 33470
TITLE	Board Member
NAME	Mary ann Schmitt D
STREET ADDRESS	17429 Tangerine Blvd
CITY-ST-ZIP	Lox FIA 33470

TITLE	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon K Felt 5/20/2002 561 793-3312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #