

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90276 028 ****61.25

DOCUMENT # N94000005721

1. Entity Name

ACREAGE HORSEOWNERS ASSOCIATION INC.



Principal Place of Business

16086 E STALLION DR
LOXAHATCHEE FL 33470
US

Mailing Address

16086 E STALLION DR
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3301192

Applied For

Not Applicable

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

WISE MILLER, MARIA
16086 E STALLION DR
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WISE MILLER, MARIA**
STREET ADDRESS **16086 E STALLION DR**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **SD** ☐ Delete
NAME **SHARON FELT**
STREET ADDRESS **13087 43RD RD N**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TD** ☐ Delete
NAME **SCHMITT, HELMUT**
STREET ADDRESS **17429 TANGERINE BLVD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☒ Delete
NAME **MILDENBERG, WALT**
STREET ADDRESS **16318 E GLASGOW DR**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **BMD** ☐ Delete
NAME **SCHMITT, MARY ANN**
STREET ADDRESS **17429 TANGERINE BLVD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **VICE President** ☐ Change ☒ Addition
NAME **Kitty Phillips**
STREET ADDRESS **13209 77th PL N**
CITY-ST-ZIP **W.P. BEACH FL 33412**

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

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

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: *Sharon K. Felt - Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

561-793-3312

Daytime Phone #