2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# N94000005721

Entity Name: ACREAGE HORSEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

16086 E STALLION DR
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

16086 E STALLION DR
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 59-3301192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WISE MILLER, MARIA
16086 E STALLION DR
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WISE MILLER, MARIA	
Address:	16086 E STALLION DR	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	SD	( ) Delete
Name:	SHARON FELT,	
Address:	13087 43RD RD N	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	TD	( ) Delete
Name:	SCHMITT, HELMUT	
Address:	17429 TANGERINE BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	VP	( ) Delete
Name:	PHILLIPS, KITTY	
Address:	13209 77TH PL N	
City-St-Zip:	WEST PALM BEACH, FL 33412	
Title:	BMD	( ) Delete
Name:	SCHMITT, MARY ANN	
Address:	17429 TANGERINE BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA WISE PRES 07/21/2005

Electronic Signature of Signing Officer or Director — Date