# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 09, 2003**
**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 ( )**

**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: | VPD | (X) Delete |
| Name: | WARD, DONNA | |
| Address: | 16281 E AQUADUCT 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: | D | ( ) Delete |
| Name: | MILDENBERG, WALT | |
| Address: | 16318 E GLASGOW DR | |
| City-St-Zip: | LOXAHACHEE, FL 33470 | |
| 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: | |
| 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 MILLER PRES 06/09/2003

Electronic Signature of Signing Officer or Director — Date