

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003069

1. Entity Name
SOUTH CREEK EQUESTRIAN CLUB, INC.



Principal Place of Business
101 E. KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

Mailing Address
101 E. KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602



04142008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3316237

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAELS, J PATRICK JR
51M S NICOL STREET
TAMPA, FL 33611

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000904301

05/01/08-80007-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, LINDA T
8916 EAGLE WATCH DR
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICHAELS, J. PATRICK JR.
5117 S NICOL STREET
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHETHEAN, BARBARA
27131 JOHNSON ROAD
DADE CITY, FL 33523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRARO, MICHAEL
5959 JAEGER GLEN DRIVE
LITHIA, FL 33547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Linda T Williams LINDA T. WILLIAMS

Date

4/14/08

Daytime Phone #

813-671-2779