

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001800 (9)
 1. Corporation Name:
TWO BRIDGES EQUESTRIAN HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business: 805 - 37TH PLACE VERO BEACH FL 32960	Mailing Address: 805 - 37TH PLACE VERO BEACH FL 32960
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3. Date Incorporated or Qualified 03/28/1996	
4. FEI Number 65-0673523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**KANTZLER, GARRICK
 TWO BRIDGES EQUESTRIAN HOMEOWNERS ASSOC.
 805 - 37TH PLACE
 VERO BEACH FL 32960**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDS	NAME KANTZLER, GARRICK	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 805 37TH PLACE	CITY-ST-ZIP VERO BEACH FL 32960		1.2 NAME
TITLE VD	NAME KANTZLER, DOREEN	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
STREET ADDRESS 1086 WINDING RIVER ROAD	CITY-ST-ZIP VERO BEACH FL 32963		1.4 CITY-ST-ZIP
TITLE TD	NAME SMITH, MARY	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6600 W 82ND AVE	CITY-ST-ZIP VERO BEACH FL 32960		2.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		3.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		4.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		5.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		6.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2/4/98** DAYTIME PHONE: **562-2707**

CR2E037 (10/97)