

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001800

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** TWO BRIDGES EQUESTRIAN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

805 - 37TH PLACE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

8340 65TH STREET  
VERO BEACH, FL 32967

**New Mailing Address:**

**FEI Number:** 65-0673523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TARLOV, CLAUDIA  
TWO BRIDGES EQUESTRIAN HOMEOWNERS ASSOC.  
8340 65TH STREET  
VERO BEACH, FL 32967 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  
Name: TARLOV, CLAUDIA  
Address: 120 NELKIN ROAD  
City-St-Zip: COLCHESTER, CT 06415

Title: VD  
Name: FOX, TERRY  
Address: 8340 65TH STREET  
City-St-Zip: VERO BEACH, FL 32967

Title: TD  
Name: PHILLIPS, KAREN  
Address: P.O. BOX 700904  
City-St-Zip: WABASSO, FL 32970

Title: SD  
Name: MITCHELL, LINDA  
Address: 8340 65TH STREET  
City-St-Zip: VERO BEACH,, FL 32967

I hereby 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 all other like empowered.

SIGNATURE: CLAUDIA TARLOV

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date