

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90315 011 ****61.25

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1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0673523**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANTZLER, GARRICK
TWO BRIDGES EQUESTRIAN HOMEOWNERS ASSOC.
805 - 37TH PLACE
VERO BEACH FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDS**
NAME **KANTZLER, GARRICK** Delete
STREET ADDRESS **805 37TH PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD**
NAME **KANTZLER, DOREEN** Delete
STREET ADDRESS **1086 WINDING RIVER ROAD**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD**
NAME **SMITH, MARY** Delete
STREET ADDRESS **6600 W 82ND AVE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED GARRICK KANTZLER 1-603 772-562-2330**

CR2E037 (10/02)