

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004884 (9)**  
 1. Corporation Name  
**CITY OF PALMS DRESSAGE, INC.**



Principal Place of Business <b>1010 FIFTH AVENUE SOUTH SUITE 300 NAPLES FL 34102</b>	Mailing Address <b>P.O. BOX 11052 NAPLES FL 34101</b>
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3. Date Incorporated or Qualified  
**08/28/1997**

4. FEI Number  
**59-3459196**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

**DEVLIN, ROBERT E**  
**1010 FIFTH AVENUE SOUTH**  
**SUITE 300**  
**NAPLES FL 34102**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	President, Director <input type="checkbox"/> DELETE
NAME	Tori M. Polonnitza
STREET ADDRESS	26571 Bonita Grand Road
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	Treasurer, Director <input type="checkbox"/> DELETE
NAME	Judy Schwartzwelder
STREET ADDRESS	2689 70th St. S.W.
CITY-ST-ZIP	Naples, FL 34105
TITLE	Secretary, Director <input type="checkbox"/> DELETE
NAME	Anne Ross
STREET ADDRESS	3301 31st. Avenue S.W.
CITY-ST-ZIP	Naples, FL 34117
TITLE	Vice President, Director <input type="checkbox"/> DELETE
NAME	Cindi Halderman
STREET ADDRESS	330 15th. Street, S.W.
CITY-ST-ZIP	Naples, FL 34117
TITLE	Vice President, Director <input type="checkbox"/> DELETE
NAME	Verna Saxer-Gibson
STREET ADDRESS	11550 Shirley
CITY-ST-ZIP	North Ft. Myers, FL 33917
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: \_\_\_\_\_ **4/29/98 941-263-7172**

CR2E037 (10/97)