

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90772 001 ***211.25

DOCUMENT # N98000005504

1. Entity Name
GALLOPS TRAINING TRACK OWNER'S ASSOCIATION,
INC.



Principal Place of Business
18361 NW 100TH AVE RD
MICANOPY, FL 32667 US

Mailing Address
18361 NW 100TH AVE RD
MICANOPY, FL 32667 US

66013357



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3539390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOWLING, TONY
18361 NW 100TH AVE RD
MICANOPY, FL 32667

**DO NOT WRITE
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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOWLING, TONY
STREET ADDRESS	10361 NW 100TH AVE RD
CITY-ST-ZIP	MICANOPY, FL 32667

TITLE	D
NAME	BOWLING, DEBBIE D
STREET ADDRESS	18361 NW 100TH AV RD
CITY-ST-ZIP	MICANOPY, FL 32667

TITLE	D
NAME	DODD, ROBERT
STREET ADDRESS	18361 NW 100TH AV RD
CITY-ST-ZIP	MICANOPY, FL 32667

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06
Date

352-591-4222
Daytime Phone #