

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

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



04252007 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOWLING, TONY 18361 NW 100TH AVE RD MICANOPY, FL 32667
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**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, 2007**

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

**000000751351
05/18/07-80100-002 211.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLING, TONY 10361 NW 100TH AVE RD MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLING, DEBBIE D 18361 NW 100TH AV RD MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, ROBERT 18361 NW 100TH AV RD 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 lists empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 3525912217
Date Daytime Phone #