

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
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**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3539390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000913196
05/08/08-80006-015 61.25**

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

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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

4/18/08

Date

352/591-4222

Daytime Phone #