2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031080

FILED Apr 22, 2009 Secretary of State

Entity Name: WALTON PLANTATION EQUESTRIAN ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

7036 COUNTY HWY, 147 WEST LAUREL, FL 32567

Current Mailing Address: New Mailing Address:

7036 COUNTY HWY, 147 WEST 1975 RICHARDSON ROAD LAUREL, FL 32567 DEFUNIAK SPRINGS, FL 32433

FEI Number: 26-2097905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOOVER, HILDA N HOVERMALE, CHRISTINA T 1975 RICHARDSON ROAD 244 GEOGHAGAN CIR. US DEFUNIAK SPRINGS, FL 32433 US LAUREL HILL, FL 32567

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.

SIGNATURE: CHRISTINA T HOVERMALE 04/22/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

LAUREL HILL, FL 32567

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAUREL HILL, FL 32567

Title: () Delete Title: (X) Change () Addition HAYES, JOSH HAYES, JOSH Name: Name:

2231 COUNTY HWY. 2 2231 COUNTY HWY. 2 Address: Address: City-St-Zip: LAUREL HILL, FL 32567 City-St-Zip: LAUREL HILL, FL 32567

Title: Title: () Delete (X) Change () Addition Name: LAWRENCE, CAROLINE P Name: LAWRENCE, CAROLINE P 4442 CO HWY. 147 WEST 4442 CO HWY. 147 WEST Address: Address:

Title: Title: () Change () Addition

() Delete HOOVER, HILDA N Name: Name: 244 GEOGHAGAN CIR. Address: Address: LAUREL HILL, FL 32567

City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition WARGO, LINDA HOVERMALE, CHRISTINA T Name: Name:

Address: P. O. BOX 1620 Address: 1975 RICHARDSON ROAD City-St-Zip: City-St-Zip: DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32433

Title: Title: (X) Delete () Change () Addition

MYLENBUSCH, RUSSELL Name: Name: 761 BAILIE RD. Address: Address: City-St-Zip: CRESTIVEW, FL 32539 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA T HOVERMALE SEC 04/22/2009