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FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000038963 (1)**

1. Corporation Name

LAKE ASBURY RIDING ASSOCIATION, INC.

Principal Place of Business

**176 WALLER WAY
GREEN COVE SPRINGS FL 32043**

Mailing Address

**176 WALLER WAY
GREEN COVE SPRINGS FL 32043-9596**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3325635

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCGOWAN, MADELINE
176 WALLER WAY
GREEN COVE SPRINGS FL 32043**

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name of Registered Agent and Date if Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGOWAN, MADELINE	
STREET ADDRESS	176 WALLER WAY	
CITY-STATE-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TERRY HUFF	
STREET ADDRESS	ARTHUR MOORE RD	
CITY-STATE-ZIP	GREEN COVE SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAY MANLEY	
STREET ADDRESS	420 WESLEY RD	
CITY-STATE-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, SUSAN	
STREET ADDRESS	459 HOPE HULL	
CITY-STATE-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAY MANLY
2.3 STREET ADDRESS	420 WESLEY ROAD , GREEN COVE SPGS, FL
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GAIL BOONE
3.3 STREET ADDRESS	468 TAYLOR AVE
3.4 CITY-STATE-ZIP	ORANGE PARK, FL 32065
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MADELINE MCGOWAN** 3/7/97 *Madeline McGowan* 3/7/97 904 777-6600 x111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)