

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90257 049 ***150.00

DOCUMENT # P98000054569

1. Entity Name
INTERNATIONAL DRESSAGE ACADEMY OF
WELLINGTON, INC.



Principal Place of Business
12788 W FOREST HILL BLVD
SUITE 2005
WELLINGTON, FL 33414

Mailing Address
12788 W FOREST HILL BLVD
SUITE 2005
WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0851232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPILLANE, J P
12788 W FOREST HILL BLVD
SUITE 2005
WELLINGTON, FL 33414

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURSENS, PATRICK J.A.W.
STREET ADDRESS 361 CINDY DR. LITTLE RANCHES
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE S
NAME BURSENS, MARIA S
STREET ADDRESS 361 CINDY DR. LITTLE RANCHES
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE TD
NAME TINOVITZKI, JOSUE
STREET ADDRESS AVENIDA DELOS ARCOS 80 COROVIA
CITY-ST-ZIP MEXICO, 53290

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 607, 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

Date

Daytime Phone #

04/29/08 (1561) 7929492