

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747795

FILED
Feb 11, 2007
Secretary of State

Entity Name: TWIN RIVERS SADDLE CLUB, INC.

Current Principal Place of Business:

9700 SW KANNER HIGHWAY
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 206
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 59-2578295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARLEY, NICHOLE E
4236 SE COVE LAKE CIR #101
STUART, FL 34991 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARLEY, RICHARD
Address: 4326 SE COVE LAKE CIR #101
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: CARL, JEANIE
Address: P.O. BOX 206
City-St-Zip: PALM CITY, FL 34991

Title: S () Delete
Name: GNAZZO, MELISSA
Address: P.O. BOX 206
City-St-Zip: PALM CITY, FL 34991

Title: T () Delete
Name: MANDODY, TERRY
Address: P.O. BOX 206
City-St-Zip: PALM CITY, FL 34991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARLEY, NICOLE
Address: 4326 SE COVE LAKE CIR #101
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MANDODY

T

02/11/2007

Electronic Signature of Signing Officer or Director

Date