

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747795

FILED
Apr 04, 2009
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
1515 NE BEACON DR #604
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

FARLEY, NICHOLE E P
4525 SW DARLINGTON STREET
PORT ST LUCIE, FL 34953 US

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: NICHOLE E FARLEY

04/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARLEY, NICOLE
Address: 1515 NE BEACON DR, #604
City-St-Zip: JENSEN BEACH, FL 34957

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

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

Title: T () Delete
Name: CRANFORD, KELLY
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, NICHOLE
Address: 4525 SW DARLINGTON STREET
City-St-Zip: PORT ST LUCIE, FL 34953

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

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

Title: T (X) Change () Addition
Name: FARLEY, NICHOLE E
Address: 4525 SW DARLINGTON STREET
City-St-Zip: PORT ST LUCIE, FL 34953

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLE E FARLEY

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date