

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 07, 2004  
Secretary of State**

DOCUMENT# 761362

Entity Name: VINCEREMOS RIDING CENTER, INC.

**Current Principal Place of Business:**

13300 6TH COURT N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

13300 6TH COURT N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 59-2274451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, CHARLOTTE  
7342 PINE PARK DRIVE NORTH  
LAXAHATCHEE, FL 33470    US

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

SMITH, CHARLOTTE  
7342 PINE PARK DRIVE NORTH  
LOXAHATCHEE, FL 33470    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: \_\_\_\_\_ Date: 06/07/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BROGLIO, ISEULT  
Address: 304 MARBLE CANYON DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: CAPPOLA, JESSIA  
Address: 11967 POLO CLUB ROAD  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: HADDEN, PATTI  
Address: 4045 GEM LAKE DR  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: KLEINMAN, LEE MR.  
Address: 12125 TUMBLEWEED CT  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: MARSHOK, EMILY MS.  
Address: 11955 POLO CLUB RD  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: PINGLTON, DAYRN MR.  
Address: 1665 PALM BCH LAKES BLVD STE-900  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D (X) Change ( ) Addition  
Name: SYBEN, LEE MRS.  
Address: 19746 BLACK FALCON LANE  
City-St-Zip: LOXAHATCHEE, FL 33407

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 Section 119.07(3)(i), 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: LEE SYBEN      D      Date: 06/07/2004  
Electronic Signature of Signing Officer or Director