

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761362

FILED
Aug 03, 2006
Secretary of State

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 (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CHARLOTTE
7342 PINE PARK DRIVE NORTH
LOXAHATCHEE, FL 33470 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: 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: SYBEN, LEE MRS.
Address: 19746 BLACK FALCON LANE
City-St-Zip: LOXAHATCHEE, FL 33407

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: 101 N. CLEMATIS # 200
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARSCHOK, EMILY MS.
Address: 11955 POLO CLUB RD
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: MAC MILLAN, NEIL MR.
Address: 13493 COLUMBINE
City-St-Zip: WELLINGTON, FL 33414

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: PATTI HADDEN

D

08/03/2006

Electronic Signature of Signing Officer or Director

_____ Date