

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**APPROVED
AND
FILED**

96 AUG 23 PM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # N95000001057 (7)

1. Corporation Name

SOUTHWEST FLORIDA EQUINE SPORTS ASSOCIATION, INC



Principal Place of Business
**26440 INDIAN TRAIL DRIVE
PUNTA GORDA FL 33950**

Mailing Address
**26440 INDIAN TRAIL DRIVE
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report

2. Principal Place of Business
21 25224 Derringer Rd

2a. Mailing Address
26 25224 Derringer Rd

4. FEI Number
206528294

Applied For
Not Applicable

Suite, Apt. #, etc.

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

City & State
23 Punta Gorda FL

City & State
27 Punta Gorda FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 33983

Country

Zip
29 33983

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOUDT, PAULETTE
26440 INDIAN TRAIL DRIVE
PUNTA GORDA FL 33950

81 Name
Michael Giunta

82 Street Address (P.O. Box Number is Not Acceptable)
25224 Derringer Rd

83

84 City
Punta Gorda

85 Zip Code
FL 33983

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Michael Giunta* **Michael Giunta** DATE **8-13-96**

Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Paulette Stoudt - President	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 26440 Indian Trail Drive		1.2 NAME Michael Giunta	
STREET ADDRESS Punta Gorda, FL 33950		1.3 STREET ADDRESS 25224 Derringer Rd	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Punta Gorda, FL 33983	
TITLE Vice President	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Michael Giunta		2.2 NAME Kim Powell	
STREET ADDRESS 25224 Derringer Rd		2.3 STREET ADDRESS 5610 Swaying Palm Dr.	
CITY - ST - ZIP Punta Gorda, FL 33983		2.4 CITY - ST - ZIP Punta Gorda, FL 33982	
TITLE Treasurer	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Donna Ball		3.2 NAME Jim Vredevoogd	
STREET ADDRESS 1257 Aken St.		3.3 STREET ADDRESS 2210 S.W. Addison Ave.	
CITY - ST - ZIP Pt. Charlotte, FL 33952		3.4 CITY - ST - ZIP Arcadia, FL 33821	
TITLE Secretary	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bobbi Daughtry		4.2 NAME Teresa Giunta	
STREET ADDRESS 45550 Farabee Rd		4.3 STREET ADDRESS 25224 Derringer Rd	
CITY - ST - ZIP Punta Gorda, FL 33982		4.4 CITY - ST - ZIP Punta Gorda, FL 33983	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Giunta* **Michael Giunta** DATE **8-1-96** DAYTIME PHONE # **941-625-9993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)