


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 001 \*\*\*\*61.25

<b>DOCUMENT # N96000002941</b>					
1. Entity Name JUPITERFARMS HORSEMEN'S ASSOCIATION, INC.					
Principal Place of Business 10152 W. INDIANTOWN RD. JUPITER, FL 33478		Mailing Address 10152 W. INDIANTOWN RD. JUPITER, FL 33478			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0672042 <input type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHARBONNBAUW, JACQUI 18837 129 DRIVE NORTH JUPITER, FL 33478				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	BOWMAN, PEG		NAME	Strelec, Ted	
STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS	10152 W. Indiantown Rd. #145	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	STRELEC, JESSICA		NAME	Bowman, Paul	
STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS	same as above	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	ASCANI, DAN		NAME	Pearce, Marni	
STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS	same as above	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MULENS, LAURA		NAME		
STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	PARKMAN, BOB		NAME	Walter, Carol	
STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS	same as above	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	PARKMAN, CAROL		NAME	Fischer, Kari	
STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS	same as above	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		



04172008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0672042  Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHARBONNBAUW, JACQUI 18837 129 DRIVE NORTH JUPITER, FL 33478		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
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STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS	same as above	
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TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	ASCANI, DAN		NAME	Pearce, Marni	
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CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MULENS, LAURA		NAME		
STREET ADDRESS	10152 W. INDIANTOWN RD.		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
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CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Paul White* *Treasurer* 4-21-08