2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# 726284

Entity Name: SOUTH FLORIDA BLUEGRASS ASSOCIATION, INC.

Current Principal Place of Business:

20533 BISCAYNE BLVD.
#358
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20533 BISCAYNE BLVD.
#358
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0255820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLITANO, MARIANNE
1634 NE 171 STREET
NORTH MIAMI BEACH, FL 33162 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: P
Name: MULLEN, TREY
Address: 231 SW 17 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP
Name: HATCHER, MICHAEL
Address: PO BOX 924171
City-St-Zip: REDLANDS, FL 33092

Title: S
Name: DEGIACOMO, JAMIE
Address: 1366 NE 179 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T
Name: NAPOLITANO, MARIANNE
Address: 1634 NE 171 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: PISZ, JOHN
Address: 2142 CHAMPIONS WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D
Name: CAPPS, TIMOTHY
Address: 9374 SW 172 TERRACE
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: MARIANNE NAPOLITANO T 01/07/2010

Electronic Signature of Signing Officer or Director Date