

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748748

**Entity Name:** SOUTH FLORIDA TRAIL RIDERS, INC.

**Current Principal Place of Business:**

25005 SW 193 AVE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

P.O. BOX 924946  
PRINCETON, FL 33032 US

**FEI Number:** 59-1911388

**Certificate of Status Desired:** No

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

DIXON, SHARON Q  
150 W FLAGLER  
SUITE 2400  
MIAMI, FL 33130 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SANTE, ANDREA  
Address 23950 SW 129 AVE  
City-State-Zip: PRINCETON FL 33032

Title T  
Name GONZALEZ, JULIE  
Address 19525 SW 248 ST  
City-State-Zip: HOMESTEAD FL 33031

Title VP  
Name SAAVEDRA, AGUSTIN  
Address 20501 SW 167 AVE  
City-State-Zip: MIAMI FL 33187

Title D  
Name HERSHBERGER, WAYNE  
Address 10532 SW 52 TERR  
City-State-Zip: MIAMI FL 33165

Title D  
Name FOBB, SANDY  
Address 26390 SW 147 AVE  
City-State-Zip: HOMESTEAD FL 33032

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:** ANDREA SANTE

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date