

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 748748

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

**Current Principal Place of Business:**

25700 SW 212 AVENUE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

P.O. BOX 924946  
PRINCETON, FL 33092 US

**FEI Number:** 59-1911388

**Certificate of Status Desired:** No

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

DIXON, SHARON Q  
150 W FLAGLER  
SUITE 2200  
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            PRESIDENT  
Name            MALDONADO, MICHAEL  
Address        25700 SW 212 AVE  
City-State-Zip: HOMESTEAD FL 33031

Title            VP  
Name            PEREZ, PATRICIA  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092

Title            TREASURER  
Name            DIXON, SHARON QUINN  
Address        150 W. FLAGLER STREET  
                 SUITE 2200  
City-State-Zip: MIAMI FL 33130

Title            DIRECTOR  
Name            GEORGE, JR., BONNY  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092

Title            DIRECTOR  
Name            RUIZ-GONZALEZ, BARBARA  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092

Title            DIRECTOR  
Name            CABALLERO, EDDY  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092

Title            DIRECTOR  
Name            VALDERON, LUIS  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092

Title            DIRECTOR  
Name            REYNOLDS, RENEE  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092

*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: SHARON QUINN DIXON**

**TREASURER**

**06/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date