

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761362

**Entity Name:** VINCEREMOS RIDING CENTER, INC.

**Current Principal Place of Business:**

13300 6TH COURT N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13300 6TH COURT N  
LOXAHATCHEE, FL 33470

**FEI Number:** 59-2274451

**Certificate of Status Desired:** No

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

GUINAN, SUSAN  
13300 SIXTH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** SUSAN GUINAN

01/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SWERDLIN, SCOTT  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title OFFICER  
Name PAGE, ARLENE  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title TREASURER  
Name FRANKHOUSER, LEE  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title CEO  
Name GUINAN, SUSAN  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title OFFICER  
Name PERKINS, MAURICE  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title OFFICER  
Name WILLIAMSON, TIMOTHY  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title PRESIDENT  
Name GRAVES, DONALD C.  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title OFFICER  
Name PADOVANI, JENNIFER  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

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*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:** DONALD GRAVES

PRESIDENT

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name MANDES, TED  
Address 13300 6TH COURT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title OFFICER  
Name DEFILIPPO, ANGEL  
Address 13300 6TH CT N  
City-State-Zip: LOXAHATCHEE FL 33470-4901