2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2014
Secretary of State
CC2593506442

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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: Yes

Name and Address of Current Registered Agent:

MENOR, RUTH E
13095 BRYAN RD
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	COPPOLA, JESSE MS.
Address	11311 POND VIEW DR.
City-State-Zip:	WELLINGTON FL 33414

Title	O
Name	HADDEN, PATTI MRS.
Address	4045 GEM LAKE DR
City-State-Zip:	WEST PALM BEACH FL 33409

Title	O
Name	MARSCHOK, EMILY RMS.
Address	11955 POLO CLUB RD
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	SYBEN, LEE
Address	19746 BLACK FALCON RD.
City-State-Zip:	LOXHAHATCHEE FL 33470

Title	O
Name	SMITH, CHARLOTTE WMRS.
Address	7342 PINE PARK DR.
City-State-Zip:	LAKE WORTH FL 33467

Title	O
Name	CARROLL, STEVE RMR.
Address	20236 BACK NINE DRIVE
City-State-Zip:	BOCA RATON FL 33498

Title	D
Name	RICHARDSON, BARBRA MRS.
Address	1335 LAKE BREEZE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	MILLER, ELLIN
Address	11279 OLD HARBOR
City-State-Zip:	NORTH PALM BEACH FL 33408

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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: CHARLOTTE SMITH SECRETARY 01/07/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SWERDLIN, SCOTT
Address	13125 SOUTHFIELDS RD.
City-State-Zip:	WELLINGTON FL 33414