

2018 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

05/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name COPPOLA, JESSE MS.
Address 13300 6TH COURT N
City-State-Zip: LOXAHATCHEE FL 33470

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

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

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

Title SECRETARY
Name KANE, TERRI
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 COO
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

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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: SUSAN GUINAN

COO

05/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title OFFICER
Name HAYS, RICHARD M. DR.
Address 13300 6TH COURT N
City-State-Zip: LOXAHATCHEE FL 33470

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