

**2015 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: Yes**

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

MENOR, RUTH E  
13162 CASEY 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 SMITH, CHARLOTTE WMRS.  
Address 7342 PINE PARK DR.  
City-State-Zip: LAKE WORTH FL 33467

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

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

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

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

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

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

**Continues on page 2**

*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**

**05/20/2015**

\_\_\_\_\_  
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