

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000005248

**Entity Name:** BIT BY BIT SADDLE CLUB INC.

**Current Principal Place of Business:**

18140 RIVER CHASE COURT  
ALVA, FL 33920

**Current Mailing Address:**

18140 RIVER CHASE COURT  
ALVA, FL 33920 US

**FEI Number: 88-2491916**

**Certificate of Status Desired: No**

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

SMITH, ADELE E MS  
18140 RIVER CHASE COURT  
ALVA, FL 33920 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 P  
Name SMITH, ADELE E MS  
Address 18140 RIVER CHASE CT  
City-State-Zip: ALVA FL 33920

Title V  
Name RUSK, ROBIN  
Address 10771 AQUA VISTA LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title S  
Name PARENT, KATHY  
Address 6251 JACKSON ROAD  
City-State-Zip: FORT MYERS FL 33905

Title T  
Name MOORE, PATTI  
Address 17840 RANCHO 78 DRIVE  
City-State-Zip: ALVA FL 33920

Title T  
Name KANTARZE, SUZANNE  
Address 11551 SHIRLEY LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR  
Name HOLLANDER, DARYLE  
Address 18401 PARKINSON ROAD  
City-State-Zip: ALVA FL 33920

Title DIRECTOR  
Name IBANEZ, WENDY  
Address 1746 WOODLAWN AVE.  
City-State-Zip: FT. MYERS, FL

*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: ADELE E SMITH**

**PRESIDENT**

**03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date