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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704753 (3)  
Corporation Name

PALM BEACH TRACK AND TRAIL RIDERS INC



Principal Place of Business Mailing Address  
860 NW 45 ST 860 NW 45 ST  
POMPANO BCH FL 33064 POMPANO BCH FL 33064  
US US

3. Date Incorporated or Qualified

11/08/1962

4. FEI Number

23-7377359

Applied For

Not Applicable

2. Principal Place of Business

21 1322 S.E. 3rd Ave

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale FL

Country

24 Broward

2a. Mailing Address

26 1322 S.E. 3rd Ave

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale FL

Zip

29 33316

Country

30 Broward

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIUFFREDA, RICHARD ESO.  
1322 SE 3RD AVE  
FT. LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD  
NAME RASH, RANDY  
STREET ADDRESS 1425 NE 5TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE SD  
NAME GIUFFREDA, RICAHRD  
STREET ADDRESS 1322 SE 3RD AVE  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE TD  
NAME CRAIG, LORI  
STREET ADDRESS 1690 64TH DRIVE SOUTH  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Randy Rash ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2651 S.W. 20th Street  
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33312

2.1 TITLE VD Mark Borders ☒ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS 932 B North Dixie Hwy  
2.4 CITY-ST-ZIP Lake Worth FL 33460

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE SD Daryl Craig ☒ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1690 64th Drive South  
4.4 CITY-ST-ZIP West Palm Beach FL 33415

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

1/12/98 (561) 969-3247

CR2E037 (10/97)