


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90033 045 ****61.25

DOCUMENT # 706263 1. Entity Name SANDSPUR RIDING CLUB, INC.					
Principal Place of Business 1963 JUNGLE ROAD NEW SMYRNA BEACH, FL 32170-0734			Mailing Address PO BOX 734 NEW SMYRNA BEACH, FL 32170-0734		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3166409	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BANDEL, DELANNA 4015 HIGHRIDGE DRIVE NEW SMYRNA BEACH, FL 32168			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANDEL, DELANNA		NAME		
STREET ADDRESS	4015 HIGHRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATUSICK, ROBIN		NAME	Fout, Tammy	
STREET ADDRESS	4117 KERSEY ROAD		STREET ADDRESS	616 South S.R. 415	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	V <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATUSICK, LINDSEY		NAME	Donatti, Tish	
STREET ADDRESS	P. O. BOX 2783		STREET ADDRESS	875 Archie Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32170		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	S <input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANNAN, BECKY		NAME	Carpenter, Tracy	
STREET ADDRESS	4880 OLD BLUE RIDGE ROAD		STREET ADDRESS	468 Palmetto Street	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, RODNEY		NAME		
STREET ADDRESS	2320 ESLINGER ROAD, #100		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONATTI, TISH		NAME	Sbardella, Sue	
STREET ADDRESS	875 ARCHIE DRIVE		STREET ADDRESS	816 Hudson Lane	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	Port Orange, FL 32129	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tracy A. Carpenter</u> <u>Tracy A. Carpenter</u> <u>7/30/08</u> <u>386-552-4024, 12</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					