FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

709214

(1)

WESTERN HORSESHOW ASSOCIATION OF FLORIDA

FILED Jun 25 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		
TROPICAL PAR	K	11855 S.W. 8 COURT		3. Date Incorporated or Qualified
7900 SW 40 S		DAVIE FL 33325		06/28/1965
MIAMI FL 3315 US	5	US		4. FEI Number Applied For
				NOT APPLICABLE Not Applicable
21 Trop	lace of Business Pical Park		Sw 194 F	5. Certificate of Status Desired Fee Required
Suite, Apt. 7900		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	6	City & State		7. Is this nonprofit corporation a homeowners association?
	imi, FL	28 Miami	, F-C	☐ Yes ☐ No
2ip 331	55 25 USA	^{Zip} 33187	Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 1/4
24 231	9. Name and Address of Current		130 4577	Personal Property Tax due June 30. Yes No NA 10. Name and Address of New Registered Agent
			81 Name	1/1-1-1
BROWNER, CHRISTINA 82 Street Address (VICKIE JONNSON Address (P.O. Box Number is Not Acceptable)
				18850 SW 194 Ave.
DAVIE FL 33325				
			84 City	10 \ 85 Zip Code
11 Duraunat	to the provinces of Sections 617.0503	and 617 1500 Florida Ctatute	an the shows named	71'ami FL 33187
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 VICKIA JOHNSON TCERSURES Viele Church 5/23/98				
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE	FRogistared Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPD STEELING	☐ DELETE	1.1 TITLE	Change Addition
NAME	TINDALL, STEPHANIE 16400 S.W. 288 ST		1.2 NAME	Tindall, Stephanic 16400 5W 288 St.
STREET ADDRESS CITY-ST-ZIP	HOMESTEAD FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZiP	Homeskad, FL 33033
TITLE	VD	DELETE	2.1 TITLE	CPD Change Addition
NAME	LARGEN, TERESA		2.2 NAME	Largen, Teresa
STREET ADDRESS	15301 LEISURE DR		2.3 STREET ADDRESS	15301 Leisure Dr.
CITY-ST-ZIP	LEISURE CITY FL		2. 4 CITY - \$1 - ZIP	Leisure City, FL 33033
TITLE	CD MUDDAY CHARLENE	DELETE	3.1 TITLE	Thange Addition
NAME	MURRAY, CHARLENE 14651 S.W. 16 STREET		3.2 NAME	Johnson, Vickie 18850 SW 194 Are.
STREET ADDRESS CITY-ST-ZIP	DAVIE FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Miami, FL 33187
TITLE	SD SD	≥ QELETE	4.1 TITLE	S D □ Change ☑ Addition
NAME	COKER, SHERRY	<i>/</i> - ·	■ f	Jewett, Joanne
STREET ADDRESS	29200 OLD DIXIE HWY		4.3 STREET ADDRESS	9401 Dominican Dr.
CITY-ST-ZIP	HOMESTEAD FL		4.4 CiTY-ST-ZIP	Miami, Fr. 33189
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	•
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I hereby of indicated	ertify that the information supplied wit on this annual report or supplemental	n this filing does not qualify for annual report is true and accurate	or the exemption states	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under eath; 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.				