## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 709214** 

FILED Sep 06, 2007 Secretary of State

Entity Name: WESTERN HORSESHOW ASSOCIATION OF FLORIDA

Current Principal Place of Business: New Principal Place of Business:

TROPICAL PARK 7900 SW 40TH ST MIAMI, FL 33155 US

Current Mailing Address: New Mailing Address:

3232 SW 93 CT MIAMI, FL 33165 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

 HURLBURT, CAREN
 3232 SW 93 CT
 3232 SW 93 CT
 3232 SW 93 CT
 MIAMI, FL 33165
 US
 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: CAREN L. HURLBURT 09/06/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: HURLBURT, CAREN Name: HURLBURT, CAREN L

 Address:
 3232 SW 93 CT
 Address:
 3232 SW 93 CT

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33156

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: MILLER, ROBIN Name: BRANDON, VALERIE C

Address: 10262 SW 127 PL Address: 14501 SW 224TH ST City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33170

 Name:
 FURTAK, CHARLA
 Name:
 BRANDON, VALERIE C

 Address:
 27225 SW 166 AVE
 Address:
 14501 SW 224TH ST

 City-St-Zip:
 HOMESTEAD, FL 33039
 City-St-Zip:
 MIAMI, FL 33170

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 PLACEY, DEBORAH
 Name:
 HURLBURT, CAREN I

 Address:
 10262 SW 127 PL
 Address:
 3232 SW 93RD CT

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAREN L. HURLBURT PD 09/06/2007