

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90026 035 \*\*\*\*61.25

|  |                            |   |   |   |          |
|--|----------------------------|---|---|---|----------|
| <b>DOCUMENT # 712112</b>   |                            |   |   |                |          |
| 1. Entity Name<br>WEST VOLUSIA SADDLE CLUB, INC.   |                            |   |   |   |          |
| Principal Place of Business<br>321 PLEASANT AVENUE<br>LAKE HELEN, FL 32744   |                            |   | Mailing Address<br>P.O. BOX 186<br>LAKE HELEN, FL 32744   |   |          |
| 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<br>59-2405900   |          |
|  |                            |   |   | Applied For<br>Not Applicable   |          |
|  |                            |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent  |                            |   | 7. Name and Address of New Registered Agent               |   |          |
| BOHM, LYNN<br>1170 LAKE HELEN OSTEEN ROAD<br>LAKE HELEN, FL 32744  |                            |   | 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 _____  |                            |   |   |   |          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____  |                            |   |   |   |          |
| <b>Filing Fee is \$61.25 Due by September 14, 2007</b>   |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>  |          |
| 10. OFFICERS AND DIRECTORS   |                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10     |   |          |
| TITLE  | PD                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |          |
| NAME   | BOHM, LYNN                 |   | NAME  |   |          |
| STREET ADDRESS   | 1170 LAKE HELEN OSTEEN RD  |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  | LAKE HELEN, FL 32744       |   | CITY-ST-ZIP   |   |          |
| TITLE  | VPD                        | <input checked="" type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |          |
| NAME   | PAULMAN, GLENNA            |   | NAME  | Theresa Brooks  |          |
| STREET ADDRESS   | 2800 SIXMA ROAD            |   | STREET ADDRESS  | 1512 E. Wisconsin Ave.  |          |
| CITY-ST-ZIP  | DELTONA, FL 32738          |   | CITY-ST-ZIP   | Orange City, FL 32763   |          |
| TITLE  | SD                         | <input checked="" type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |          |
| NAME   | FERRITO, SHARI             |   | NAME  | Cindy Shaw  |          |
| STREET ADDRESS   | 1024 NORTH US #1           |   | STREET ADDRESS  | 705 Shantill Way  |          |
| CITY-ST-ZIP  | ORMOND BEACH, FL 32714     |   | CITY-ST-ZIP   | Lake Helen, FL 32744  |          |
| TITLE  | TD                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |          |
| NAME   | STOVER, SONNI              |   | NAME  |   |          |
| STREET ADDRESS   | 2060 EAST KICKLIGHTER ROAD |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  | LAKE HELEN, FL 32744       |   | CITY-ST-ZIP   |   |          |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |          |
| NAME   |                            |   | NAME  |   |          |
| STREET ADDRESS   |                            |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   |   |          |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |          |
| NAME   |                            |   | NAME  |   |          |
| STREET ADDRESS   |                            |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   |   |          |
| 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>Lynn Bohm</u>  |                            |   | Date: <u>7-25-07</u> Daytime Phone #: <u>407-766-2825</u> |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |   |   |   |          |