

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715114

FILED
Mar 12, 2008
Secretary of State

Entity Name: PALM BEACH COUNTY HORSEMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

410 NW 11TH AVENUE
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

410 NW 11TH AVENUE
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 51-0188530 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROOT, ANN
410 NW 11TH AVENUE
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROOT, ANN
Address: 410 NW 11TH AVENUE
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP () Delete
Name: LYNN-WRIGHT, BROOKE
Address: 7535 PRESCOTT LANE
City-St-Zip: BOCA RATON, FL 33467 US

Title: T () Delete
Name: THORNDYKE, PEGGY
Address: 1294 N.W. 5TH ST.
City-St-Zip: BOCA RATON, FL 33486 US

Title: AT () Delete
Name: HUGINS, NANCY
Address: 7950 NOB HILL RD. #206
City-St-Zip: TAMARAC, FL 33321 US

Title: S (X) Delete
Name: SILVERTHORNE, ANDY
Address: 18392-50TH CT. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: AS (X) Delete
Name: O'DWYER, MEGAN
Address: 5751 NW 48TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CONNOR, VICTOR
Address: 5928 HOMELAND RD.
City-St-Zip: WELLINGTON, FL 33449 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GARROWAY, JAMIE
Address: 6726 NEWPORT LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN R. ROOT

P

03/12/2008

Electronic Signature of Signing Officer or Director

Date