

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715114

FILED  
Feb 14, 2009  
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: CONNOR, VICTOR  
Address: 5928 HOMELAND RD.  
City-St-Zip: WELLINGTON, FL 33449 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: TYSON, CATHY  
Address: 1030 CLYDESDALE DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: S (X) Change ( ) Addition  
Name: HUGINS, NANCY  
Address: 3105 D. SPANISH WELLS DR.  
City-St-Zip: DELRAY BEACH, FL 33445 US

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

02/14/2009

Electronic Signature of Signing Officer or Director

Date