

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 22 1996 8:00 am

Secretary of State

DOCUMENT # 731217 (6)

1. Corporation Name

SUNSHINE PASO FINO HORSE ASSOCIATION, INC.

Principal Place of Business

13359 MARCELLA BLVD.
LOXAHATCHEE FL 33470

Mailing Address

13359 MARCELLA BLVD.
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified
11/20/1974

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2452035

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CENOWER, MARJORIE R
5751 COUGARS PROWL
LAKE WORTH FL 33467

81 Name BONNER, SANDRA A.

82 Street Address (P.O. Box Number is Not Acceptable)
443 33rd ST.

83

84 City WEST PALM BEACH

FL

85 Zip Code 33407

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

Sandra A. Bonner, Treasurer

March 19, 1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BEESON KATHIE	
STREET ADDRESS	13359 MARCELLA DR	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRENDREIS, RON	
STREET ADDRESS	13750 PROSPERITY FARMS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FORSYTH, JOAN	
STREET ADDRESS	11614 47TH ROAD NORTH,	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CENOWER, MAJORIE R.	
STREET ADDRESS	3751 COUGARS PROWL	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAUDILL, JERRY	
STREET ADDRESS	13359 MARCELLA BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACHLER, ANGIE	
STREET ADDRESS	13941 ASTER AVENUE	
CITY-ST-ZIP	WEST PALM BCH FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRIS POTTER	
1.3 STREET ADDRESS	3625 E. ROAD	
1.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RON GUZIEJKA	
2.3 STREET ADDRESS	14380 WITHER CLOSE	
2.4 CITY-ST-ZIP	WALLINGTON, FL 33414	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSELYN SHELLEY	
3.3 STREET ADDRESS	16857 83rd PL. N.	
3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANDRA BONNER	
4.3 STREET ADDRESS	443 33rd ST.	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CID RIVERA	
5.3 STREET ADDRESS	835 GLEN RIDGE DR	
5.4 CITY-ST-ZIP	WPB, FL 33405	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra A. Bonner, Treasurer 3/19/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407

848-3043

DATE

Daytime Phone #

CR2E037 (12/95)