


FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731217 (6)
1. Corporation Name
SUNSHINE PASO FINO HORSE ASSOCIATION, INC.



Principal Place of Business 1394 ASTER AVE WELLINGTON FL 33414 US	Mailing Address 13359 MARCELLA BLVD. LOXAHATCHEE FL 33470
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3. Date Incorporated or Qualified 11/20/1974
4. FEI Number 59-2452035
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4781 129th Avenue North Suite, Apt. #, etc.	2a. Mailing Address 26 4781 129th Avenue North Suite, Apt. #, etc.
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33411	Country 25 Palm Beach
Zip 29 33411	Country 30 Palm Beach

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACHLER, ANDREA L
13941 ASTER AVE.
WELLINGTON FL 33414**

81 Name Carolyn Baker
82 Street Address (P.O. Box Number is Not Acceptable) 4781 129th Avenue North
83
84 City West Palm Beach, FL
85 Zip Code 33411

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 Carolyn Baker Carolyn Baker, Secretary 1/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME GUZIEJKA, RON	
STREET ADDRESS 14380 WITHER CLOSE	
CITY-ST-ZIP WELLINGTON FL	
TITLE T	<input type="checkbox"/> DELETE
NAME MACHLER, ANDREA	
STREET ADDRESS 13941 ASTER AVE.	
CITY-ST-ZIP WELLINGTON FL	
TITLE S	<input type="checkbox"/> DELETE
NAME BAKER, CAROLYN	
STREET ADDRESS 4781 129TH AVE NO	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME RIVERA, VICTOR	
STREET ADDRESS 12780 51ST COURT NO	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME POTTER, KRISS	
STREET ADDRESS 3825 E ROAD	
CITY-ST-ZIP LOXAHATCHEE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MACHLER, DAVID	
STREET ADDRESS 13941 ASTER AVE.	
CITY-ST-ZIP WEST PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME HANDLE, JODONNA	
1.3 STREET ADDRESS 304 LANG ROAD	
1.4 CITY-ST-ZIP WEST PALM BEACH, FL	
2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME HERNANDEZ, LUIS	
2.3 STREET ADDRESS 3855 FIELDVIEW WAY	
2.4 CITY-ST-ZIP WELLINGTON, FL	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME GUZEJKA, RON	
3.3 STREET ADDRESS 14380 WITHER CLOSE	
3.4 CITY-ST-ZIP WELLINGTON, FL	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BEESON, KATHIE	
4.3 STREET ADDRESS 13359 MARCELLA BLVD.	
4.4 CITY-ST-ZIP LOXAHATCHEE, FL	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME MEZQUITA, ROLANDO	
5.3 STREET ADDRESS 17152 36th COURT NORTH	
5.4 CITY-ST-ZIP LOXAHATCHEE, FL	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carolyn Baker Carolyn Baker

1/23/98 (561) 753-4343

CR2E037 (10/97)