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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731217

1. Corporation Name

SUNSHINE PASO FINO HORSE ASSOCIATION, INC.

Principal Place of Business

4781 129TH AVE N
 WEST PALM BEACH FL 33411
 US

Mailing Address

4781 129TH AVE N
 WEST PALM BEACH FL 33411
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/20/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2452035	
24 Country		29 Country		30	
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	

9. Name and Address of Current Registered Agent

BAKER, CAROLYN
 4781 129TH AVE NO
 WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLE, JODONNA	1.2 NAME	V MACHLER, ANDREA
STREET ADDRESS	304 LANG RD	1.3 STREET ADDRESS	13941 ASTER AVE.
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHLER, ANDREA	2.2 NAME	T CENDOWER, MARGE
STREET ADDRESS	13941 ASTER AVE.	2.3 STREET ADDRESS	140 PADDOCK LANE
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, CAROLYN	3.2 NAME	D BEESON, KATHIE
STREET ADDRESS	4781 129TH AVE NO	3.3 STREET ADDRESS	13359 MARCELLA BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, VICTOR	4.2 NAME	D MEZQUITA, ROLANDO
STREET ADDRESS	12780 51ST COURT NO	4.3 STREET ADDRESS	17152 36TH CT. NO.
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, KRISS	5.2 NAME	D DAVIS, PAULA
STREET ADDRESS	3625 E ROAD	5.3 STREET ADDRESS	2651 MORES RD
CITY-ST-ZIP	LOXAHATCHEE FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHLER, DAVID	6.2 NAME	
STREET ADDRESS	13941 ASTER AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	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, with all other like empowered.

SIGNATURE: *Carolyn Baker* **SIGNATURE:** *Carolyn Baker* **1/8/99** (561) 753-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)