

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731217

FILED
Apr 26, 2006
Secretary of State

Entity Name: SUNSHINE PASO FINO HORSE ASSOCIATION, INC.

Current Principal Place of Business:

14277 TRIPP ROAD NORTH
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

6400 PARK LANE WEST
LAKE WORTH, FL 33467 US

Current Mailing Address:

14277 TRIPP ROAD NORTH
LOXAHATCHEE, FL 33470 US

New Mailing Address:

6400 PARK LANE WEST
LAKE WORTH, FL 33467 US

FEI Number: 59-2452035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENWOOD, GLENNA
14277 TRIPP ROAD NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

HENWOOD, GLENNA
6400 PARK LANE WEST
LAKE WORTH, FL 33467 US

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: GLENNA C HENWOOD

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANDLE, JODONNA
Address: 304 LANG ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: SERVEDEO, CINDY
Address: 13089 ORANGE GROVE BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: HENWOOD, GLENNA
Address: 14277 TRIPP ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD () Delete
Name: SNODDY, MARY
Address: 14619 77TH PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: CHRIS, SUSAN
Address: 240 LYTTON COURT
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: LADICANI, ROBIN
Address: 11279 ACME ROAD
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: HENWOOD, GLENNA
Address: 6400 PARK LANE WEST
City-St-Zip: LAKE WORTH, FL 33467

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

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 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: GLENNA C HENWOOD

S

04/26/2006

Electronic Signature of Signing Officer or Director

Date