

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90003 019 ****70.00

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04272007 Chg-NP CR2E037 (12/06)

DOCUMENT # 731217 1. Entity Name SUNSHINE PASO FINO HORSE ASSOCIATION, INC.					
Principal Place of Business 6400 PARK LANE WEST LAKE WORTH, FL 33467 US			Mailing Address 6400 PARK LANE WEST LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box # 11068 66th St. N.		3. Mailing Address P.O. Box 210786			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Royal Palm Beach, FL		City & State Royal Palm Beach		4. FEI Number 59-2452035	
Zip 33412		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33421		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENWOOD, GLENNA 6400 PARK LANE WEST LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent NAME CHANGE ADDRESS CHANGE VAN ISTENDAL, GLENNA 11068 66th St. N. Royal Palm Beach FL 33412		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Glenna Van Istendal</i></u> 4/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDLE, JODONNA 304 LANG ROAD WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Cawood, Janice 12576 52nd Rd. N. West Palm Beach, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERVEDEO, CINDY 13089 ORANGE GROVE BLVD. ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVERA, CID 835 Glenridge Dr. West Palm Beach FL 33405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENWOOD, GLENNA 6400 PARK LANE WEST LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN ISTENDAL 11068 66th St. N. Royal Palm Beach, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNOODY, MARY 14619 77TH PLACE NORTH LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARATA, DENISE 17210 36th Court N. Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIS, SUSAN 240 LYTTON COURT WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BEATRIZ 12525 PERSIMMON BLVD. ROYAL PALM BEACH FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADICANI, ROBIN 11279 ACME ROAD WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ladicani, Robin 11279 Acme Road Wellington FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Glenna Van Istendal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/07 561-2819698 <small>Date Daytime Phone #</small>		