2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 731217

Entity Name:	SUNSHINE PASO FINO HORSE ASSOCIATION,	INC
Enercy reamer		INV.

Current Principal Place of Business:	New Principal Place of Business:		
12576 52ND ROAD NORTH WEST PALM BEACH, FL 33411 US	11279 ACME RD WELLINGTON, FL 33414 US		
Current Mailing Address:	New Mailing Address:		
12576 52ND ROAD NORTH WEST PALM BEACH, FL 33411 US	11279 ACME RD WELLINGTON, FL 33414 US		
FEI Number: 59-2452035 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:		
CAWOOD, JANICE 12576 52ND ROAD NORTH WEST PALM BEACH, FL 33411 US	LADICANI II, RODOLFO 11279 ACME RD WELLINTON, FL 33414 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: RODOLFO LADICANI II		10/18/2008		
Electronic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	TD () Delete	Title:	() Change () Addition	
Name:	CAWOOD, JANICE	Name:		
Address:	12576 52ND RD N	Address:		
City-St-Zip:	WEST PALM BEACH, FL 33411	City-St-Zip:		
Title:	VPD () Delete	Title:	() Change () Addition	
Name:	MACHLER, ANDREA	Name:		
Address:	13941 ASTER AVE.	Address:		
City-St-Zip:	WELLINGTON, FL 33414	City-St-Zip:		
Title:	PD () Delete	Title:	P (X) Change () Addition	
Name:	TORRES, EDGAR	Name:	LADICANI II, RODOLFO K	
Address:	5074 SEARNEY ROAD	Address:	11279 ACME RD	
City-St-Zip:	LAKE WORTH, FL 33467	City-St-Zip:	WELLINGTON, FL 33414	
Title:	D () Delete	Title:		
Name:	LADICANI, ROBIN	Name:		
Address:	11279 ACME ROAD	Address:		
City-St-Zip:	WELLINGTON, FL 33414	City-St-Zip:		
Title:	D () Delete	Title:	D (X) Change() Addition	
Name:	TURNEY, BEATRIZ	Name:	PHILIPS, RUTH	
Address:	12525 PERSIMMON BLVD	Address:	852 HYDE PARK RD	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	City-St-Zip:	LOXAHATCHEE, FL 33470 49	
Title:	D () Delete	Title:		
Name:	RIVERTA, CID	Name:		
Address:	835 GLENRIDGE DR.	Address:		
City-St-Zip:	WEST PALM BEACH, FL 33405	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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:	RODOLFO LADICANI II	Р	10/18/2008
	Electronic Signature of Signing Officer or Director		Date

₹<u>FILED</u> Oct 18, 2008 Secretary of State