2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 731217

Entity Name: SUNSHINE PASO FINO HORSE ASSOCIATION, INC.

Current Principal Place of Business:

11279 ACME RD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

11279 ACME RD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2452035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LADICANI II, RODOLFO
11279 ACME RD
WELLINTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	CAWOOD, JANICE	
Address:	12576 52ND RD N	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	VPD	( ) Delete
Name:	MACHLER, ANDREA	
Address:	13941 ASTER AVE.	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	P	( ) Delete
Name:	LADICANI II, RODOLFO K	
Address:	11279 ACME RD	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	S	( ) Delete
Name:	LADICANI, ROBIN	
Address:	11279 ACME ROAD	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	PHILIPS, RUTH	
Address:	852 HYDE PARK RD	
City-St-Zip:	LOXAHATCHEE, FL 33470 49	
Title:	D	( ) Delete
Name:	MCAFEE, TERRIE	
Address:	13345 68TH ST N	
City-St-Zip:	WEST PALM BEACH, FL 33412	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JANICE CAWOOD TD 03/19/2009

Electronic Signature of Signing Officer or Director — Date