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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741469** **(1)**

1. Corporation Name
SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
550 NORTHEAST 25TH AVE. OCALA FL 34470	550 NORTHEAST 25TH AVE. OCALA FL 34470

3. Date Incorporated or Qualified: 01/27/1978

4. FEI Number: 59-3078883 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 2a. Mailing Address (26):

Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):

City & State (23): City & State (28):

Zip (24) Country (25): Zip (29) Country (30):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROCCHI, GERALD R
1290 NE 120 ST
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIEMER, CATHIE		1.2 NAME		
STREET ADDRESS	17401 SE HWY 475		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAULSBY, CATHY		2.2 NAME		
STREET ADDRESS	20677 N. HWY 329		2.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SATERBO, LAURA		3.2 NAME		
STREET ADDRESS	3310 N. GALLOWAY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, SHIRLEY		4.2 NAME		
STREET ADDRESS	20677 N HWY 329		4.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAVES, KELLI		5.2 NAME		
STREET ADDRESS	PO BOX 1065 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OELRICH, JIM		6.2 NAME		
STREET ADDRESS	3101 SE 52ND STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA 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.

SIGNATURE: Cathy Maulsby April 6 1998 352-466-3925

CR2E037 (10/97)