

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90075 034 \*\*\*\*61.25

<b>DOCUMENT # 763141</b> 1. Entity Name LAKE PADGETT ESTATES RIDING CLUB, INC.					
Principal Place of Business 22140 COLDSTREAM RD. PO BOX 974 LAND O' LAKES, FL 34639 US			Mailing Address 22140 COLDSTREAM RD. PO BOX 974 LAND O' LAKES, FL 34639 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GERACE, EDWARD F., ESQ. 215 E MADISON STREET, SUITE 616 TAMPA, FL 33602				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHATTERTON, JIM 3703 LAKE BREEZE LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUNNINGHAM, CHERIE 3604 LAKE BREEZE DR LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATHY Simmons 3638 GREATWOOD CT LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIMAIO, DEBORAH 22150 WEEKS BLVD LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CHERYL CUNNINGHAM 3604 LAKE BREEZE DR LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, KATHY 2638 GREATWOOD CT LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUSAN TOMLINSON 22032 DARLEY PLACE LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAMINSKI, SARA 3518 LAKE JOYCE DR LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEWARD CLARE KAMINSKI 3518 LAKE JOYCE DR. LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DURLAK, ANN 3225 BEA CT LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEWARD DEBBIE MORTON 3244 LAKE PADGETT DR LAND O' LAKES, FL 34639
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.					
<b>SIGNATURE:</b> <u>Kathy Simmons</u> <u>KATHY Simmons</u> <u>1/5/08</u> <u>813-974-0878</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					