


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764688 (8) 1. Corporation Name SARASOTA HORSE SHOW ASSOCIATION, INC.					
Principal Place of Business 5846 OLD RANCH RD. SARASOTA FL 34241			Mailing Address 5846 OLD RANCH RD. SARASOTA FL 34241		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 7021 Prospect Rd		2a. Mailing Address 26 7021 Prospect Rd		3. Date Incorporated or Qualified 08/24/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
City & State 23 Sarasota FL		City & State 28 Sarasota FL		4. FEI Number 65-0310273	
Zip 24 34243		Zip 29 34243		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SOBIE, BERNICE L. 5846 OLD RANCH RD. SARASOTA FL 34241			10. Name and Address of New Registered Agent 81 Name Shannon Bejarno 82 Street Address (P.O. Box Number is Not Acceptable) 7021 Prospect Rd 83 84 City Sarasota FL 85 Zip Code 34243		
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 Shannon Madigan Bejarno 8-23-97 Signature, typed or printed name of registered agent and title if applicable (NOTE: For new agent signature required when registering) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOBIE, BERNIE		1.2 NAME	Shannon Bejarno	
STREET ADDRESS	5846 OLD RANCH RD.		1.3 STREET ADDRESS	7021 Prospect Rd	
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANKINS, TOM		2.2 NAME	Julie Lang	
STREET ADDRESS	6321 MYAKKA VALLEY TRAIL		2.3 STREET ADDRESS	8134 124th ST	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Seminole, FL 33772	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALCONER, ANN		3.2 NAME	Lorna Conway	
STREET ADDRESS	13611 FRUITVILLE ROAD		3.3 STREET ADDRESS	5737 Churchill Downs Rd	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASH, ANNA R.		4.2 NAME	Chris Gublin	
STREET ADDRESS	548 PARKVIEW DR.		4.3 STREET ADDRESS	925 31st Terr. NE	
CITY-ST-ZIP	SARASOTA, FL 00000		4.4 CITY-ST-ZIP	St Petersburg, FL 33704	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Debbie Bucciero	
STREET ADDRESS			5.3 STREET ADDRESS	824 Reising Rd NW	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Largo FL 33770	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 **Shannon Madigan Bejarno** **8-23-97**

CR2E037 (4/97)