

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003538

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** PERSONAL PONIES, LIMITED, INCORPORATED

**Current Principal Place of Business:**

3797 NW 52ND ST.  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

3797 NW 52ND ST.  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 16-1485250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SEIDEN, SANDRA  
3797 NW 52ND ST.  
BOCA RATON, FL 33496 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: CVD ( ) Delete  
Name: SEIDEN, SANDRA  
Address: 3797 NW 52ND ST.  
City-St-Zip: BOCA RATON, FL 33496

Title: P ( ) Delete  
Name: ALEXANDER, MARIANNE  
Address: 220 PRESIDENT'S CUP WAY, #101  
City-St-Zip: ST. AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SANDRA SEIDEN

MRS.

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date