

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90301 043 \*\*\*\*61.25

**DOCUMENT # N02000002981**

1. Entity Name

**THE STANDARD BREED PLEASURE HORSE ORGANIZATION  
OF FLORIDA, INC.**



Principal Place of Business

**3179 THOROUGHbred DR  
BROOKSVILLE FL 34602**

Mailing Address

**3179 THOROUGHbred DR  
BROOKSVILLE FL 34602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**42-1535138**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEGER, ROBERT  
3179 THOROUGHbred DR  
BROOKSVILLE FL 34602**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: S  
NAME: SWEGER, ROBERT ☒ Delete  
STREET ADDRESS: 3179 THOROUGHbred DR  
CITY-ST-ZIP: BROOKSVILLE FL 34602

TITLE: PD  
NAME: SWEGER, DEBRA ☐ Delete  
STREET ADDRESS: 3179 THOROUGHbred DR  
CITY-ST-ZIP: BROOKSVILLE FL 34602

TITLE: VD  
NAME: WILLIAMS, KIM ☐ Delete  
STREET ADDRESS: 24910 WALKABOUT RANCH RD  
CITY-ST-ZIP: SORRENTO FL 32776

TITLE: D  
NAME: CLARK, JUDITH ☐ Delete  
STREET ADDRESS: 219 AMELO AVE.  
CITY-ST-ZIP: ELLENTON FL 34222

TITLE: TD  
NAME: BOMBARDO, TINA ☐ Delete  
STREET ADDRESS: 1508 LAKE ELLA RD  
CITY-ST-ZIP: FRUITLAND PARK FL 34731

TITLE: D  
NAME: BOMBARDO, PAT ☐ Delete  
STREET ADDRESS: 1508 LAKE ELLA RD  
CITY-ST-ZIP: FRUITLAND PARK FL 34731

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Change ☒ Addition  
NAME: DON TISON  
STREET ADDRESS: 2504 WOODSIDE DR.  
CITY-ST-ZIP: Leesburg, FL. 34748

TITLE: D S ☐ Change ☒ Addition  
NAME: LISSANTE LOBianco  
STREET ADDRESS: 5335 Greens Dr.  
CITY-ST-ZIP: LADY LAKE, FL. 32159

TITLE: D ☒ Change ☐ Addition  
NAME: SWEGER, Robert  
STREET ADDRESS: 3179 THOROUGHbred DR  
CITY-ST-ZIP: BROOKSVILLE, FL. 34602

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 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.

**SIGNATURE:** *Tina Bombardo* Tina BOMBARDO Treasurer/Director 2-25-05 (352) 504-7048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #