FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL -3 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03440 (7)

1. Corporation Name

PARKLAND HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11668 NW 20TH DRIVE CORAL SPRINGS FL 33071	11668 NW 20TH DRIVE CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0021014 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9430 Tangerine Place	26 9430 Tangerine Place
Suite, Apt. #, etc. 22 Apt. 105	Suite, Apt. #, etc. 27 Apt 105
City & State 23 Ft. Lauderdale Florida	City & State 28 Ft. Lauderdale Florida
Zip 24 33324-4426 Country 25 USA	Zip 29 33324-4426 Country 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARMATER, LISE 500 E. BROWAR BLVD. STE 1050 FT. LAUDERDALE FL 33394	81 Name: Shannon Rogers 82 Street Address (P.O. Box Number is Not Acceptable): 9430 Tangerine Place #105 83 84 City: Fort Lauderdale FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Shannon M. Rogers Shannon M. Rogers Treasurer 6/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	BARTLETT, BARBE	12 NAME	TRUEBENBACH, KRISTY	
STREET ADDRESS	7025 N.W. 87TH AVE.	13 STREET ADDRESS	2200 NE 49 STREET	
CITY-ST-ZIP	PARKLAND FL	14 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE	SD	21 TITLE	RECORDING SECRETARY D	☒ Change ☐ Addition
NAME	SIPKA, CANDANCE	22 NAME	LAURI GIAFAGLIONE	
STREET ADDRESS	6223 NW 77TH TERRACE	23 STREET ADDRESS	5735 NW 77 TERRACE	
CITY-ST-ZIP	PARKLAND FL	24 CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VPD	31 TITLE	VICE PRESIDENT D	☒ Change ☐ Addition
NAME	MCCULLOUGH, MARIANNE	32 NAME	WATT, LORI	
STREET ADDRESS	7236 N.W. 63RD WAY	33 STREET ADDRESS	4231 NW 71 STREET	
CITY-ST-ZIP	PARKLAND FL	34 CITY-ST-ZIP	POMPANO FL 33073	
TITLE	DS	41 TITLE	CORRESPONDING SECRETARY	☒ Change ☐ Addition
NAME	TRUEBENBACK, KRISTY	42 NAME	PATTI BACON	
STREET ADDRESS	710 NW 38TH TERR	43 STREET ADDRESS	5943 NW 66 WAY	
CITY-ST-ZIP	PARKLAND FL	44 CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	TD	51 TITLE	TREASURER	☒ Change ☐ Addition
NAME	MONSOUR, JANET K.	52 NAME	ROGERS, SHANNON M.	
STREET ADDRESS	11668 NW 20TH DRIVE	53 STREET ADDRESS	9430 TANGERINE PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	$87/81	
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 M. Rogers Shannon M. Rogers 6/26/95 305-473-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #

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