

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03440

FILED
Apr 28, 2008
Secretary of State

Entity Name: PARKLAND HORSEMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

PARKLAND CITY HALL
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

C/O ANDREWS
9836 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

New Mailing Address:

C/O LISA BERGER
11888 WINGED FOOT TERRACE
CORAL SPRINGS, FL 33071

FEI Number: 65-0021014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, LEWIS
9836 W SAMPLE RD
CORAL SPRINGS, FL 33065 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: VD () Delete
Name: ALTER, CLARE
Address: 9836 W. SAMPLE RD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: ZABNER, LISA
Address: 9836 W. SAMPLE RD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD () Delete
Name: BERGER, LISA
Address: 9836 W. SAMPLE RD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD () Delete
Name: KOKINAKOS, MARIA
Address: 9836 W. SAMPLE RD.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LISA BERGER

TD

04/28/2008

Electronic Signature of Signing Officer or Director

Date