

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007023

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: FLORIDA PONY OF THE AMERICAS CLUB, INC.

## Current Principal Place of Business:

511 LUCKY WORLD DRIVE  
DAVENPORT, FL 33897

## New Principal Place of Business:

24013 RANCH RD.  
ASTATULA, FL 34705

## Current Mailing Address:

511 LUCKY WORLD DRIVE  
DAVENPORT, FL 33897

## New Mailing Address:

24013 RANCH RD  
ASTATULA, FL 34705

FEI Number: 20-1945067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWEET, KATIE  
511 LUCKY WORLD DRIVE  
DAVENPORT, FL 33897 US

## Name and Address of New Registered Agent:

SINES, ERICKA  
24013 RANCH RD.  
ASTATULA, FL 34705 US

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: ERICKA SINES

04/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SWEET, KATIE  
Address: 511 LUCKY WORLD DRIVE  
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete  
Name: RANDOLPH, GERRI  
Address: 590 N LAKE PLEASANT ROAD  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: KEEN, TRACY  
Address: 3500 SE HANSEL AVE  
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SINES, ERICKA  
Address: 24013 RANCH RD.  
City-St-Zip: ASTATULA, FL 34705

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

Title: D (X) Change ( ) Addition  
Name: SWEET, KATIE  
Address: 511 LUCKY WORLD DRIVE  
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Change (X) Addition  
Name: KEEN, TRACY  
Address: 3500 SE HANSEL AVE  
City-St-Zip: ARCADIA, FL 34266

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: ERICKA SINES

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date