2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N05000004574

Entity Name: PLANTATION EQUESTRIAN FOUNDATION, INC.

Current Principal Place of Business:

12300 NW 12TH ST
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

12300 NW 12TH ST
PLANTATION, FL 33323

New Mailing Address:

FEI Number: 20-4204006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T ESQ.
200 E LAS OLAS BLVD 19TH FL
FT LAUDERDALE, FL 33301 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:	D	( ) Delete
Name:	URIA, SHARON	
Address:	12300 NW 12TH ST	
City-St-Zip:	PLANTATION, FL 33323	
Title:	P	( ) Delete
Name:	PARENTE, EILEEN	
Address:	12300 NW 12TH ST	
City-St-Zip:	PLANTATION, FL 33323	
Title:	T	( ) Delete
Name:	SAVOY, MICHELE	
Address:	12300 NW 12TH ST	
City-St-Zip:	PLANTATION, FL 33323	
Title:	VP	( ) Delete
Name:	REAGAN, DONNA	
Address:	12300 NW 12TH ST	
City-St-Zip:	PLANTATION, FL 33323	
Title:	D	( ) Delete
Name:	EDWARDS, BRUCE	
Address:	12300 NW 12TH ST	
City-St-Zip:	PLANTATION, FL 33323	
Title:	S	( ) Delete
Name:	LIND, PHYLLIS	
Address:	12300 NW 12TH ST	
City-St-Zip:	PLANTATION, FL 33323	

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:	
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: MICHELE SAVOY T 01/23/2009

Electronic Signature of Signing Officer or Director — Date