

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011691

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: SADDLE UP RIDING CLUB, INC.

**Current Principal Place of Business:**

18217 GULF BLVD  
REDINGTON SHORES, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

18217 GULF BLVD  
REDINGTON SHORES, FL 33708

**New Mailing Address:**

FEI Number: 22-3946890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DP ( ) Delete  
Name: SIPOS, KELLIE  
Address: 18217 GULF BLVD  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: DV ( ) Delete  
Name: LAIRD, ALISHA  
Address: 18217 GULF BLVD  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: S ( ) Delete  
Name: GILBERT, SANDY  
Address: 18217 GULF BLVD  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: PR ( ) Delete  
Name: HAWORTH, AMANDA  
Address: 10476 117TH DRIVE NO.  
City-St-Zip: LARGO, FL 33773

**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: KELLIE SIPOS

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date