

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008771

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTH FLORIDA HORSE SHOW ASSOCIATION, INC.

Current Principal Place of Business:

7900 SW 40TH STREET
TROPICAL PARK
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

C/O THE MARLEY FIRM, P.A.
3450 LAKESIDE DRIVE #110
MIRAMAR, FL 33027

New Mailing Address:

PO BOX 901913
HOMESTEAD, FL 33090

FEI Number: 94-3462224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARLEY, FRANK E III
3450 LAKESIDE DRIVE
SUITE 110
MIRAMAR, FL 33027 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: PRES () Delete
Name: GOODMAN, NATASHA
Address: 421 N.E. 13 STREET
City-St-Zip: MIAMI, FL 33170

Title: VD () Delete
Name: FURTON, DEBORAH A
Address: 14532 SW 83RD STREET
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: FRIES, DONNA L
Address: 6601 SW 62ND COURT
City-St-Zip: MIAMI, FL 33143

Title: TREA () Delete
Name: DE ZENDEGUI, LILLIANNE
Address: 17225 S.W. 296 STREET
City-St-Zip: MIAMI, FL 33030

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOODMAN, NATASHA
Address: 18445 SW 293 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change () Addition
Name: RAULERSON, TRACY
Address: 18505 SW 293 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

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

Title: TREA (X) Change () Addition
Name: DE ZENDEGUI, LILLIANNE
Address: 17225 S.W. 296 STREET
City-St-Zip: MIAMI, FL 33030

Title: S () Change (X) Addition
Name: NEVILLE, MIRIAM
Address: 14852 SW 177 TERRACE
City-St-Zip: MIAMI, FL 33187

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: LILLIANNE DE ZENDEGUI

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date