

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009014

FILED  
Jul 02, 2009  
Secretary of State

Entity Name: HAPPY TRAILS HORSE CLUB INC.

**Current Principal Place of Business:**

511 6TH ST NE  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

511 6TH ST NE  
NAPLES, FL 34120

**New Mailing Address:**

FEI Number: 35-2342840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KUSZLYK, JEANETTE  
511 6TH ST NE  
NAPLES, FL 34120      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: P ( ) Delete  
Name: KUSZLYK, JEANETTE  
Address: 511 6TH ST NE  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete  
Name: MCGOWAN, CHRISTINE  
Address: 3285 BASS PT CT  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: VAZQUEZ, CINDY  
Address: 5225 GREEN BLVD NAPLES, FL 34116  
City-St-Zip: NAPLES, FL 34119

Title: TRES ( ) Delete  
Name: O'CONNELL, TERI  
Address: 182 SUNSET CAY  
City-St-Zip: NAPLES, FL 34114

Title: SEC ( ) Delete  
Name: FOLK, CHRISANN  
Address: 661 20TH AVE NW  
City-St-Zip: NAPLES, FL 34120

**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: SEC (X) Change ( ) Addition  
Name: WOLFE, AIMEE  
Address: 511 6TH ST NE  
City-St-Zip: NAPLES, FL 34120

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: JEANETTE KUSZLYK

P

07/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date