

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009291

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** FOUNDATION FOR THE FLORIDA HORSE PARK, INC.

**Current Principal Place of Business:**

270 CAMPBELL AVE.  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

11008 S. HWY 475  
OCALA, FL 34480

**Current Mailing Address:**

270 CAMPBELL AVE.  
THE VILLAGES, FL 32162

**New Mailing Address:**

11008 S. HWY 475  
OCALA, FL 34480

**FEI Number:** 27-0982239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, JR., W.M.  
3233 SW 33RD ROAD  
OCALA, FL 34474 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: C  
Name: CONNIE, WISE  
Address: 270 CAMPBELL AVE.  
City-St-Zip: THE VILLAGES, FL 32162

Title: C  
Name: PALMER, WHIT  
Address: 11008 SOUTH HWY 475  
City-St-Zip: OCALA, FL 34480

Title: D  
Name: ECKSTROM, BRUCE  
Address: 11008 SOUTH HWY 475  
City-St-Zip: OCALA, FL 34480

Title: D  
Name: DESINO, ROB  
Address: 11008 SOUTH HWY 475  
City-St-Zip: OCALA, FL 34480

Title: D  
Name: MARS, JACQUELINE B  
Address: 11008 SOUTH HWY 475  
City-St-Zip: OCALA, FL 34480

I hereby 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 all other like empowered.

**SIGNATURE:** SUMMER BEST

ED

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date