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FILED

Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10371 (5)

1. Corporation Name

LEE COUNTY HORSEMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 314
FT. MYERS FL 33902

P.O. BOX 314
FT. MYERS FL 33902-0314



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/23/1985

3a. Date of Last Report
02/19/1996

4. FEI Number

59-2559362

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

PROPP, KIM K
2450 TAMiami TERR, UNIT B
PT CHARLOTTE FL 33952

81 Name

Moore, Sue

82

Street Address (P.O. Box Number is Not Acceptable)

17700 Wells Rd.

83

84

City North Fort Myers

FL

85 Zip Code

33917

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sue Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PROPP, KIM	
STREET ADDRESS	2450 TAMiami TERR, UNIT B	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PROPP, KIM	
STREET ADDRESS	2450 TAMiami TR. UNIT B	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, SUE	
STREET ADDRESS	12300 FLINTLOCK LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GROSSENBAUGH, CYNDI	
STREET ADDRESS	7305 SEAN LANE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROSSENBAUGH, CINDI	
STREET ADDRESS	7305 SEAN LANE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HART, CHRIS	
STREET ADDRESS	13350 APPALOOSA LANE	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	moore, Sue	
1.3 STREET ADDRESS	17700 Wells Rd.	
1.4 CITY-ST-ZIP	North Ft. Myers, FL 33917	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John, Nancy	
2.3 STREET ADDRESS	41390 Susan Dr.	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Polakoff, Rachel	
3.3 STREET ADDRESS	17651 Wells Rd.	
3.4 CITY-ST-ZIP	North Ft. Myers, FL 33917	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARMSTRONG, Lisa	
4.3 STREET ADDRESS	1445 Medoc Lane	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33917	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shaffer, Terrie	
5.3 STREET ADDRESS	645 10th Ave.	
5.4 CITY-ST-ZIP	NAPLES, FL 34108	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Harrison, Bobbie	
6.3 STREET ADDRESS	10731 Sharon Drive	
6.4 CITY-ST-ZIP	North Fort Myers, Fla. 33917	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sue Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97

543-5952

Date Daytime Phone # 0055915

CR2E037 (9/96)