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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

07/23/1985

4. FEI Number

59-2559362

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPP, KIM K  
2450 TAMAMI TERR, UNIT B  
FT CHARLOTTE FL 33952

81 Name Sue Moore

82 Street Address (P.O. Box Number Is Not Acceptable)  
17700 Wells Rd.

83

84 City North Ft. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-4-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOORE, SUE	
STREET ADDRESS	17700 WELLS RD.	
CITY-ST-ZIP	NORTH FT. MYERS FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33917

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHN, NANCY	
STREET ADDRESS	41390 SUZAN DR.	
CITY-ST-ZIP	PUNTA GORDA FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33955

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POLAKOFF, RACHEL	
STREET ADDRESS	17651 WELLS RD.	
CITY-ST-ZIP	NORTH FT. MYERS FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sandra Andrus
3.3 STREET ADDRESS	23031 Tuokahoe Rd.
3.4 CITY-ST-ZIP	Alva, FL 33920

TITLE	T	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, LISA	
STREET ADDRESS	1445 MEDOC LANE	
CITY-ST-ZIP	FT. MYERS FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33919

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, TERRIE	
STREET ADDRESS	645 101ST AVE.	
CITY-ST-ZIP	NAPLES FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rena Gezzar
5.3 STREET ADDRESS	1820 Whitecap Circle
5.4 CITY-ST-ZIP	North Ft. Myers, FL 33903

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, BOBBI	
STREET ADDRESS	10731 SHARON DR.	
CITY-ST-ZIP	NORTH FT. MYERS FL	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33917

14. I 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

3-4-98 (941)  
545-5952

CR2E037 (10/97)

D  
Anne Hall  
5027 Fairfield Dr.  
H. Myers, FL 33919

D  
Tammie Gordon  
P.O. Box 1064  
Alwa, Fla. 33920

D  
Vicki Davis  
4131 ELLIS RD  
FM, FL 33905