

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90039 003 \*\*\*\*61.25

DOCUMENT # N10371

1. Corporation Name

LEE COUNTY HORSEMEN'S ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 314  
FT. MYERS FL 33902

Mailing Address

P.O. BOX 314  
FT. MYERS FL 33902



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date incorporated or Qualified

07/23/1985

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

9. Name and Address of Current Registered Agent

MOORE, SUE  
17700 WELLS RD  
NO FT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☒ DELETE

NAME P  
STREET ADDRESS MOORE, SUE  
CITY-ST-ZIP 17700 WELLS RD.  
NORTH FT. MYERS FL 33917

TITLE ☒ DELETE

NAME VPD  
STREET ADDRESS JOHN, NANCY  
CITY-ST-ZIP 41390 SUZAN DR.  
PUNTA GORDA FL 33955

TITLE ☒ DELETE

NAME S  
STREET ADDRESS ANDRUS, SANDRA  
CITY-ST-ZIP 23031 TUOKAHOE RD  
ALVA FL 33920

TITLE ☒ DELETE

NAME T  
STREET ADDRESS ARMSTRONG, LISA  
CITY-ST-ZIP 1445 MEDOC LANE  
FT. MYERS FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS GEZZAR, RENA  
CITY-ST-ZIP 1820 WHITECAP CIR  
NO FT MYERS FL 33903

TITLE ☒ DELETE

NAME D  
STREET ADDRESS HARRISON, BOBBI  
CITY-ST-ZIP 10731 SHARON DR.  
NORTH FT. MYERS FL 33917

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P  
1.3 STREET ADDRESS Larry Frappier  
1.4 CITY-ST-ZIP 19701 Pine Echord  
N. Ft. Myers FL 33917

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD  
2.3 STREET ADDRESS Bobbi Harrison  
2.4 CITY-ST-ZIP 10731 Sharon Dr  
N. Ft. Myers FL 33903

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Lisa Armstrong  
3.3 STREET ADDRESS 1445 Medoc Lane  
3.4 CITY-ST-ZIP Ft. Myers, FL 33917

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME T.  
4.3 STREET ADDRESS Cyndi Grossenbaugh  
4.4 CITY-ST-ZIP 1305 Sean Lane  
NEM FL 33917

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Matthew Williams  
5.3 STREET ADDRESS 1815 N.W. 30th Place  
5.4 CITY-ST-ZIP Cape Coral FL 33993

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME J.P.  
6.3 STREET ADDRESS Bobbi Harrison  
6.4 CITY-ST-ZIP 10731 Sharon Dr  
N. Ft. Myers FL 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cyndi Grossenbaugh 3.20.99

Date

Daytime Phone #

CR2E037 (11/98)