

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10371

FILED  
Apr 10, 2005  
Secretary of State

**Entity Name:** LEE COUNTY HORSEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 314  
FT. MYERS, FL 33902

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 314  
FT. MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 59-2559362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARLEY, DONNA  
3521 SAND ROAD  
CAPE CORAL, FL 33993 US

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

CROUSE, THERESA  
15921 QUAIL TRAIL, BACK APT  
FORT MYERS, FL 33912 US

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: THERESA CROUSE

04/10/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARLEY, DONNA  
Address: 3521 SAND ROAD  
City-St-Zip: CAPE CORAL, FL 33993

Title: VD ( ) Delete  
Name: ALUOTTO, DONNA  
Address: 3130 EL DORADO BLVD  
City-St-Zip: CAPE CORAL, FL 33993

Title: SD ( ) Delete  
Name: AUSTIN, PATRICIA  
Address: 8561 NALLE GRADE ROAD  
City-St-Zip: N FT MYERS, FL 33917

Title: TD ( ) Delete  
Name: WISEMAN, SUE  
Address: 15921 QUAIL TRAIL  
City-St-Zip: FT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CROUSE, THERESA  
Address: 15921 QUAIL TRAIL, BACK APT  
City-St-Zip: FORT MYERS, FL 33912 US

Title: VD (X) Change ( ) Addition  
Name: WISEMAN, SUE  
Address: 15921 QUAIL TRAIL  
City-St-Zip: FORT MYERS, FL 33912 US

Title: SD (X) Change ( ) Addition  
Name: PLEDGER, BRITTANY  
Address: STALEY FARMS ROAD  
City-St-Zip: FORT MYERS, FL 33916 US

Title: TD (X) Change ( ) Addition  
Name: CORLIETO, JOEL  
Address: PINE ECHO ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUE WISEMAN

SD

04/10/2005

Electronic Signature of Signing Officer or Director

Date