

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003854 (7)**  
 1. Corporation Name

**DAVIE RODEO ASSOCIATION, INC.**



Principal Place of Business C/O SHERRY GORNT0 1921 HIATUS ROAD DAVIE FL 33328	Mailing Address C/O SHERRY GORNT0 1921 HIATUS ROAD DAVIE FL 33328
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3. Date Incorporated or Qualified  
**08/23/1993**

4. FEI Number  
**65-0483595**

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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

**GORNT0, SHERRY  
C/O SHERRY GORNT0  
1921 HIATUS ROAD  
DAVIE FL 33328**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZILVETI, ANDY	
STREET ADDRESS	14701 SW 20TH ST.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GORNT0, BOBBY	
STREET ADDRESS	1921 HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARIOLA, SAM	
STREET ADDRESS	4441 SOUTHWEST 59TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GORNT0, SHERRY	
STREET ADDRESS	1921 HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bobby Gorn to	
1.3 STREET ADDRESS	1921 Hiatus Rd	
1.4 CITY-ST-ZIP	DAVIE FL 33328	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: \_\_\_\_\_ SIGNATURE REQUIRED *1-16-98*

CR2E037 (10/97)