2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004416

FILED Jul 05, 2007 Secretary of State

Entity Name: PUNTA GORDA HORSEMAN'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 511086 33450 BERMONT RD PUNTA GORDA, FL 33951 PUNTA GORDA, FL 33982 **Current Mailing Address: New Mailing Address:** P.O. BOX 511086 PUNTA GORDA, FL 33951 FEI Number: 65-0439207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAINER, LORI 7528 CORAL TREE PUNTA GORDA, FL 33955 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BOYETTE, KIMBERLY KETRON, ROBERT Name: Name: 32151 BERHOUT ROAD Address: 33450 BERMONT RD Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: PUNTA GORDA, FL 33982 Title: () Delete Title: (X) Change () Addition CASTRO, RUDY Name: RUDDEN, MICHAEL Name: Address: 34951 WASHINGTON LOOP RD Address: 304 HILLTOP CIRCLE City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: PUNTA GORDA, FL 33982 Title: () Delete Title: (X) Change () Addition CASTANOVA, KATHY FALES, LOLITA Name: Name: 20409 VANGUARD TN 2242 SE POINTER AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: ARCADIA, FL 34266 Title: () Delete Title: (X) Change () Addition Name: TECTAAN, MARLENE Name: TEHRANI, MARLENE LO BOX 511773 Address: Address: 38530 WASHINGTON LOOP RD City-St-Zip: PUNTA GORDA, FL 33951 City-St-Zip: PUNTA GORDA, FL 33982 Title: (X) Delete Title: () Change () Addition TUCK, BOB Name: Name: 3600 HIDDEN VALLEY CIR Address: Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: Title: (X) Delete Title: () Change () Addition ROBERTS, ALI Name: Name: Address: 4740 5TH AVE SW Address: NAPLES, FL 34119 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARLENE TEHRANI T 07/05/2007