

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005721

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** ACREAGE HORSEMANS ASSOCIATION, INC.

**Current Principal Place of Business:**

15200 87TH RD. N  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

17429 TANGERINE BLVD.  
LOXAHATCHEE, FL 33470 US

**Current Mailing Address:**

15200 87TH RD. N  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

17429 TANGERINE BLVD.  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 59-3301192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HATHHORN, CELESTE  
15200 87TH RD. N  
LOXAHATCHEE, FL 33470 US

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

SCHMITT, HELMUT  
17429 TANGERINE BLVD.  
LOXAHATCHEE, FL 33470 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: HELMUT SCHMITT

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HATHHORN, CELESTE  
Address: 15200 87TH RD. N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SEC. ( ) Delete  
Name: RIOL, BRENDA  
Address: 8035 HALL BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TRES ( ) Delete  
Name: COLE, CHRISTY  
Address: 15239 87TH ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES (X) Change ( ) Addition  
Name: SCHMITT, HELMUT  
Address: 17429 TANGERINE BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: SEC. (X) Change ( ) Addition  
Name: RIOL, BRENDA  
Address: 8035 HALL BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: TRES (X) Change ( ) Addition  
Name: COLE, CHRISTY  
Address: 15239 87TH ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP ( ) Change (X) Addition  
Name: RIVERA, JOHN  
Address: 15201 85TH ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: CHRISTY COLE

TRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date