

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000546

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST CUTTING HORSE ASSOC., INC.

**Current Principal Place of Business:**

1401 U.S. HWY 17 N  
SEVILLE, FL 32190

**New Principal Place of Business:**

**Current Mailing Address:**

1401 U.S. HWY 17 N  
SEVILLE, FL 32190

**New Mailing Address:**

**FEI Number:** 59-3487918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHWAB, ANN MARIE  
1381 U.S. HWY 17 N  
SEVILLE, FL 32190 US

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

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:**

Title: P  
Name: SCHWAB, ANN MARIE  
Address: 1381 U.S. HWY 17 N  
City-St-Zip: SEVILLE, FL 32190

Title: V  
Name: LOVE, CHUCK  
Address: P.O. BOX 849  
City-St-Zip: JUPITER, FL 33468

Title: D  
Name: SOKOL, KATHY  
Address: 1401 U.S. HWY 17 N  
City-St-Zip: SEVILLE, FL 32190

Title: D  
Name: SOKOL, TED  
Address: 1401 U.S. HWY 17 N,  
City-St-Zip: SEVILLE,, FL 32190

Title: D  
Name: SCOTT, PAM  
Address: 18108 APSHAWA RD W  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

**SIGNATURE:** ANN MARE SCHWAB

P

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date