

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P19417**

1. Entity Name  
**PASO FINO HORSE ASSOCIATION, INC.**



Principal Place of Business  
**101 N COLLINS ST  
PLANT CITY, FL 33563 US**

Mailing Address  
**101 N COLLINS ST  
PLANT CITY, FL 33563 US**



04182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-2149906**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARCELLO, CARLO J JR  
3525 POWERLINE ROAD  
LITHIA, FL 33547**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RATLIFF, ROBIN D.
STREET ADDRESS	14279 US HWY 19N
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	VP
NAME	LONDONO, SHARON A.
STREET ADDRESS	19215 LARSO LANE
CITY-ST-ZIP	COVINGTON, LA 70435
TITLE	T
NAME	COLEMAN, TONY
STREET ADDRESS	5907 BRECKENRIDGE PKWY
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	S
NAME	VULGARIS, LEE
STREET ADDRESS	17 SOUTH STREET
CITY-ST-ZIP	MARION, MA 02738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*[Handwritten Signature]*

000000524799  
05/04/06-80004-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Executive Director* 4/19/06

Date

813-719-7777

Daytime Phone #