

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741469

Entity Name: OCALA PASO FINO HORSE ASSOCIATION INC**Current Principal Place of Business:**3600 SE HWY 42
SUMMERFIELD, FL 34491**Current Mailing Address:**3600 SE HWY 42
SUMMERFIELD, FL 34491 US**FEI Number:** 59-3078883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTIZ, ALEIDITA
3600 SE HWY 42
SUMMERFIELD, FL 34491 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:** ALEIDITA ORTIZ

01/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ORTIZ, ALEIDITA
Address 3600 SE HWY 42
City-State-Zip: SUMMERFIELD FL 34491

Title SECRETARY
Name SUAREZ, JULIA
Address 16800 S HWY 475
City-State-Zip: SUMMERFIELD FL 34491

Title DIRECTOR
Name NIEVES, JOSE
Address 15720 S HWY 475
City-State-Zip: SUMMERFIELD FL 34491

Title VP
Name SUAREZ, JAVIER
Address 1920 SE 145TH ST
City-State-Zip: SUMMERFIELD FL 34491

Title TREASURER
Name CAMPOS, CHRISTINE
Address 11280 NE 36TH AVENUE
City-State-Zip: ANTHONY FL 32617

Title DIRECTOR
Name VANNESS, DENISE
Address 9861 N CAVEWOOD AVE
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name SIEMER, CATHERINE
Address 17401 SE CR 475
City-State-Zip: SUMMERFIELD FL 34491

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: ALEIDITA ORTIZ

PRESIDENT

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date