FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04673 (2)

1. Corporation Name
HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 109 CLARCONA FL 32710-7109	P O BOX 109 CLARCONA FL 32710-7109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1984
3a. Date of Last Report: 04/15/1994
4. FEI Number: 74-2004853 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CASTILLO, JOE
6512 LAKE HORSESHOE DR
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	DT	☑ Change ☐ Addition
NAME	SHEERIN, KATHY	1.2 NAME	HOBBY, JAMES N.	
STREET ADDRESS	6354 LAKE HORSESHOE	1.3 STREET ADDRESS	6433 LK HORSESHOE DR.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DV	2.1 TITLE	D	☑ Change ☐ Addition
NAME	HUDSON, VINETTE	2.2 NAME	AMY KELLY	
STREET ADDRESS	6451 PREAKNESS DR	2.3 STREET ADDRESS	6502 WHIRLAWAY CIR.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	CASTILLO, JOE	3.2 NAME		
STREET ADDRESS	6512 LAKE HORSESHOE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	SHEERIN, WILLIAM	4.2 NAME		
STREET ADDRESS	6354 LAKE HORSESHOE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DV	☑ Change ☐ Addition
NAME	REIDY, MARTIN	5.2 NAME	REIDY, MARTIN	
STREET ADDRESS	6416 LAKE HORSESHOE	5.3 STREET ADDRESS	6416 LK. HORSESHOE DR.	
CITY-ST-ZIP	ORLANDO FL 32818	5.4 CITY-ST-ZIP	ORLANDO FL. 32818	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Hobby JAMES H. HOBBY 5/31/95 (407) 299-3576
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000147