

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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CLARCONA FL 32710-7109

3. Date Incorporated or Qualified

08/13/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTILLO, JOE
6512 LAKE HORSESHOE DR
ORLANDO FL 32818**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE
NAME **HOBBY, JAMES H**
STREET ADDRESS **6432 LAKE HORSESHOE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **AC** ☐ Change ☒ Addition
1.2 NAME **ARCHITECTURAL CONTROL**
1.3 STREET ADDRESS **BUTCH BORTON**
1.4 CITY-ST-ZIP **6355 PRAIRIES DR
ORLANDO FL 32818**

TITLE **D** ☒ DELETE
NAME **KELLY, AMY**
STREET ADDRESS **6542 WHIRLWAY CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **GUS DENSON** ☐ Change ☒ Addition
2.2 NAME **ARCHITECTURAL CONTROL**
2.3 STREET ADDRESS **6452**
2.4 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **DP** ☐ DELETE
NAME **CASTILLO, JOE**
STREET ADDRESS **6512 LAKE HORSESHOE DR**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **AC** ☐ Change ☒ Addition
3.2 NAME **ARCHITECTURAL CONTROL**
3.3 STREET ADDRESS **AUGUSTUS DENSON**
3.4 CITY-ST-ZIP **6452 PRAIRIES DR
ORLANDO FL 32818**

TITLE **DS** ☐ DELETE
NAME **SHEERIN, WILLIAM**
STREET ADDRESS **6354 LAKE HORSESHOE DR**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS **300001898713**
4.4 CITY-ST-ZIP **-07/18/96--01096--034
***61.25**

TITLE **PV** ☐ DELETE
NAME **MARTIN, REIOY**
STREET ADDRESS **6416 LAKE HORSESHOE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/96 (407) 999-3576

CR2E037 (3/96)