

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04673

1. Entity 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 32710-0109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2004853

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, JOE  
6512 LAKE HORSESHOE DR  
ORLANDO FL 32818

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	HOBBS, JAMES H	
STREET ADDRESS	6432 LAKE HORSESHOE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CASTILLO, JOE	
STREET ADDRESS	6512 LAKE HORSESHOE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SHEERIN, WILLIAM	
STREET ADDRESS	6354 LAKE HORSESHOE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PV	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, REIOY	
STREET ADDRESS	6416 LAKE HORSESHOE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUELINE MITCHELL	
STREET ADDRESS	6650 WHIRLWAY CR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMA B. HOBBS	
STREET ADDRESS	6432 LAKE HORSESHOE DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	ACC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWAYNE MORGAN	
STREET ADDRESS	6307 PRAIRIE DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CETERIA ROBINSON	
STREET ADDRESS	4504 YEARLING CT.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*James H. Hobbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

(407) 299-3576

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90034 025 \*\*\*\*61.25