

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90031 015 \*\*\*\*61.25

<b>DOCUMENT # N04673</b>			
<b>1. Entity Name</b> HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.			
<b>Principal Place of Business</b> 190 N. WESTMONTE DR 100 ALTAMONTE SPRINGS, FL 32714		<b>Mailing Address</b> 190 N. WESTMONTE DR 100 ALTAMONTE SPRINGS, FL 32714	
<b>2. Principal Place of Business - No P.O. Box #</b> 860 North S.R. 434		<b>3. Mailing Address</b> 860 North S.R. 434	
<b>Suite, Apt. #, etc.</b> Suite 1009		<b>Suite, Apt. #, etc.</b> Suite 1009	
<b>City &amp; State</b> Altamonte Springs, FL		<b>City &amp; State</b> Altamonte Springs, FL	
<b>Zip</b> 32714		<b>Zip</b> 32714	
<b>Country</b> USA		<b>Country</b> USA	
<b>4. FEI Number</b> 74-2004853		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> CAMPBELL, MARILYN 190 N. WESTMONTE DR 100 ALTAMONTE SPRINGS, FL 32714		<b>7. Name and Address of New Registered Agent</b> Name: Campbell, marilyn Street Address (P.O. Box Number is Not Acceptable): 860 North S.R. 434 Suite 1009 City: Altamonte Springs FL Zip Code: 32714	
<b>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.</b> SIGNATURE: <u>Marilyn Campbell</u> DATE: <u>3/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> TD <b>NAME</b> WHITE, SYLBERT <b>STREET ADDRESS</b> 4509 PACER CT <b>CITY-ST-ZIP</b> ORLANDO, FL 32818	<input type="checkbox"/> Delete		
<b>TITLE</b> VD <b>NAME</b> MOLNAR, CHARLES <b>STREET ADDRESS</b> 4523 SEA BISCUIT COURT <b>CITY-ST-ZIP</b> ORLANDO, FL 32818	<input type="checkbox"/> Delete		
<b>TITLE</b> SD <b>NAME</b> WOOLDRIDGE, LINDA <b>STREET ADDRESS</b> 6448 LAKE HORSESHOE DR <b>CITY-ST-ZIP</b> ORLANDO, FL 32818	<input type="checkbox"/> Delete		
<b>TITLE</b> PD <b>NAME</b> MOLNAR, EVOL <b>STREET ADDRESS</b> 4523 SEA BISCUIT COURT <b>CITY-ST-ZIP</b> ORLANDO, FL 32818	<input type="checkbox"/> Delete		
<b>TITLE</b> D <b>NAME</b> DEVINE, SCOTT <b>STREET ADDRESS</b> 6560 WHIRLAWAY CIR <b>CITY-ST-ZIP</b> ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete		
<b>TITLE</b> D <b>NAME</b> WOOLDRIDGE, LARRY <b>STREET ADDRESS</b> 6448 LAKE HORSESHOE DR <b>CITY-ST-ZIP</b> ORLANDO, FL 32818	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D <b>NAME</b> White Sylbert <b>STREET ADDRESS</b> 4509 Pacer Ct. <b>CITY-ST-ZIP</b> Orlando, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> Brown, Albert <b>STREET ADDRESS</b> 6555 Whirlaway Cr. <b>CITY-ST-ZIP</b> Orlando, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> T. <b>NAME</b> Brown, Vanessa <b>STREET ADDRESS</b> 6555 Whirlaway Cr. <b>CITY-ST-ZIP</b> Orlando, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>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 another like empowered.</b>			
<b>SIGNATURE:</b> <u>Evolution Molnar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			