2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04673

FILED Apr 01, 2009 Secretary of State

Entity Name: HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

860 N SR 434 4523 SEA BISCUIT CT ORLANDO, FL 32818 US STE 1009

ALTAMONTE SPRINGS, FL 32714

New Mailing Address: Current Mailing Address:

860 N SR 434 STE 1009

ALTAMONTE SPRINGS, FL 32714

FEI Number: 74-2004853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, MARILYN 860 N SR 434 STE 1009

ALTAMONTE SPRINGS, FL 32714 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:

Title:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WHITE, SYLBERT WHITE, SYLBERT Name: Name: 4509 PACER CT Address: 4509 PACER CT Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 US

Title: VD () Delete Title: (X) Change () Addition MOLNAR, CHARLES Name: MOLNAR, CHARLES Name: Address:

4523 SEA BISCUIT COURT Address: 4523 SEA BISCUIT COURT City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 US

Title: () Delete Title: (X) Change () Addition WOOLDRIDGE, LINDA

WOOLDRIDGE, LINDA Name: Name: 6448 LAKE HORSESHOE DR 6448 LAKE HORSESHOE DR Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 US

Title: PD () Delete Title: (X) Change () Addition

Name: MOLNAR, EVOL Name: MOLNAR, EVOL 4523 SEA BISCUIT COURT 4523 SEA BISCUIT COURT Address: Address:

City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 US

() Delete (X) Change () Addition BROWN, ALBERT BROWN, VANESSA Name: Name: 6555 WHIRLAWAY CR 6555 WHIRLAWAY CR Address: Address:

City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 US

Title: () Delete Title: (X) Change () Addition WOOLRIDGE, LARRY ASKEW, JEANNE MGR Name: Name: Address: 6448 LAKE HORSESHOE DR Address: 860 NORTH S.R. 434, SUITE 1009 ALTAMONTE SPRINGS, FL 32714 US ORLANDO, FL 32818 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

SIGNATURE: JEANNE ASKEW MGR 04/01/2009

Electronic Signature of Signing Officer or Director

Date