

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4673 (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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME SHEERIN, KATHY
STREET ADDRESS 6354 LAKE HORSESHOE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE DT
1.2 NAME HOBBS, JAMES H.
1.3 STREET ADDRESS 6432 LK HORSESHOE DR
1.4 CITY-ST-ZIP ORLANDO FL 32819

☒ Change ☐ Addition

TITLE DV
NAME HUDSON, VINETTE
STREET ADDRESS 6451 PRAKNESS DR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE DV
2.2 NAME AMY KELLY
2.3 STREET ADDRESS 6512 WHITELAWY CR.
2.4 CITY-ST-ZIP ORLANDO FL 32818

☒ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME REIDY, MARTIN
STREET ADDRESS 6416 LAKE HORSESHOE
CITY-ST-ZIP ORLANDO FL 32818

5.1 TITLE DV
5.2 NAME REIDY, MARTIN
5.3 STREET ADDRESS 6416 LK. HORSESHOE DR.
5.4 CITY-ST-ZIP ORLANDO FL. 32818

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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:

James H. Hobbs JAMES H. HOBBS 3/31/95 (407) 289-3576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #