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	P O BOX 109 CLARCONA FL 32710-7109

3. Date Incorporated or Qualified: 06/13/1984
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

CASTILLO, JOE
6512 LAKE HORSESHOE DR
ORLANDO FL 32818

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DT	HOBBY, JAMES ~~N~~ H	6432 LAKE HORSESHOE DRIVE	ORLANDO FL	[ ]
D	KELLY, AMY	6542 WHIRLAWAY CIRCLE	ORLANDO FL	[✓]
DP	CASTILLO, JOE	6512 LAKE HORSESHOE DR	ORLANDO FL	[ ]
DS	SHEERIN, WILLIAM	6354 LAKE HORSESHOE DR	ORLANDO FL	[ ]
PV	MARTIN, REIOY	6416 LAKE HORSESHOE DRIVE	ORLANDO FL	[ ]
				[ ]

13. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
1	AC ARCHITECTURAL CONTROL	BUTCH BURTON	6355 PREAKNESS DR	ORLANDO FL 32818	Addition [✓]
2	~~GUS DENSON~~	~~ARCHITECTURAL CONTROL~~	~~6452~~		~~Addition~~
3	AC ARCHITECTURAL CONTROL	AUGUSTUS DENSON	6452 PREAKNESS DR	ORLANDO FL 32818	Addition [✓]
4					
5					
6					

300001898713
-07/18/96--01096--034
***61.25

JR 7/16 ... (See Block 13)

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] 6/28/96 (407) 299-3576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/96)