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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

Pincipal Place of Business P. D 80X 109 CARCOMA FL 32710-7109 P. D 80X 109 CARCOMA FL 32710-7109 P. D 80X 109 CARCOMA FL 32710-7109 P. D 80X 109 P.	HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.							
P O BOX 109 CARCOM FL 3270-7109 Applicable For Mailing Acticess 2a. Mailing Acticess 3blin: Apt #. etc. Sulfer, Apt #. etc. Sulfer, Apt #. etc. Sulfer, Apt #. etc. City & State C	Principal Plac	Principal Place of Business Mailing Address				- I TODIKO DI DOM DIA DAKI TODO KIK DIRI BIDI BIDI DIDI BIDI BIDI BIDI BIDI		
CARCONA FL 32710-7109 CARCONA FL 32710-7109 A FEI Number 7. A FEI Number 8. Certificate of Status Desired \$8.75 Additional 8. Soft, Apt. #, etc. \$1.00	P O BOX 109					Date incorporated or Qualified		
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Trust Fund Conditionation Added to Fase 20	21	_	— ·	——————————————————————————————————————		5. Certificate of Status Desired		
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28		Country		Country				
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CASTILLO, JOE 6512 LAKE HORSESHOE DR ORLANDO FL 32818 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and remarked with an accept the obligations of Section 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and remarked agent and secret the obligations of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and secret the obligations of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and secret the obligations of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Statutes. INTEL SECTION								
6512 LAKÉ HORSESHOE DR ORLANDO FL 32818 68 Set				81	Name			
ORLANDO FL 32818 83		6512 LAKE HORSESHOE DR			Street Add	Iress (P.O. Box Number is Not Acceptable)	,	
1. 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 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, 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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE								
1. 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE				84	City		85 Zip Code	
SIGNATURE Signature byrond or printed name of inquarred agent and title it appricate 13.					•		- ' '	
TITLE	SIGNATURE _	Signature, typod or printed name of registered agen	nt and title if applicable (NO	DTE: Registered Agent		pired when reinstating) DATE		
NAME						Applitologic Infrace to of Fiberia File		
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ORLANDO FL			√E	1.3 SYREET A	ADDRESS			
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14. 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 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 trustoe 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.

Jun 25 1998 8:00am

Secretary of State