2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04673

1. Entity Name

HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90034 025 ****61.25

Principal Place of Business	Mailing Address
P O BOX 109 CLARCONA FL 32710-7109	P O BOX 109 CLARCONA FL 32710-0109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-2004853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JOE
6512 LAKE HORSESHOE DR
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HOBBY, JAMES H 6432 LAKE HORSESHOE DRIVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CASTILLO, JOE 6512 LAKE HORSESHOE DR ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JACQUELINE MITCHELL 6650 WHIRLAWAY CR ORLANDO FL 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SHEERIN, WILLIAM 6354 LAKE HORSESHOE DR ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NORMA B. HOBBY 6432 LK HORSESHOE DR ORLANDO FL. 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV MARTIN, REIOY 6416 LAKE HORSESHOE DRIVE ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PV~~ ACC DWAYNE MORGAN 6307 PREAKNESS DR ORLANDO FL 32818	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV CETERIA ROBINSON 4504 YEARLING CT. ORLANDO FL 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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 all other like empowered.

SIGNATURE: [signature] JAMES H. HOBBY 2/24/00 (407) 299-3576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #