

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90166 043 ****61.25

DOCUMENT # N04673

1. Entity Name

HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044

2. Principal Place of Business

3. Mailing Address

190 N Westmonte Dr.

190 N. Westmonte Dr.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

US

Zip

32714

Country

US



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

HART, JAMES W. JR
SENTRY MANAGEMENT, INC.
2180 W SR 434 SUITE 5000
LONGWOOD FL 32779-5044

Name

Campbell, Marilyn

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

190 N. Westmonte Dr. Ste. 100

City

Altamonte Springs

FL

Zip Code

32714

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

Marilyn Campbell

4/5/02

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	DT	☒ Delete
NAME	HOBBY, JAMES H	
STREET ADDRESS	6650 WHIRLAWAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DP	☒ Delete
NAME	MITCHELL, JACQUELINE	
STREET ADDRESS	6650 WHIRLAWAY CR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DS	☐ Delete
NAME	BOWEN, MARCIA	
STREET ADDRESS	6632 WHIRLAWAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	ACC	☒ Delete
NAME	MORGAN, DWAYNE	
STREET ADDRESS	6307 PREAKNESS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PV	☒ Delete
NAME	ROBINSON, CETERIA	
STREET ADDRESS	4504 YEARLING CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	Bowen, Marcia	
STREET ADDRESS	6632 Whirlaway Cir.	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE	VT	☐ Change ☒ Addition
NAME	Kelly, Brian	
STREET ADDRESS	6542 Whirlaway Cir.	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE	SD	☐ Change ☒ Addition
NAME	Woodbridge, Linda	
STREET ADDRESS	6448 Lake Horseshoe Dr.	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE	ACC	☐ Change ☒ Addition
NAME	Woodbridge, Larry	
STREET ADDRESS	6448 Lake Horseshoe Dr.	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marcia R. Bowen 4/10/02 (407) 862-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)