

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04673

Entity Name: HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4523 SEA BISCUIT CT
ORLANDO, FL 32818**Current Mailing Address:**860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714**FEI Number:** 59-2563236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, MARILYN
860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	HOBBY, NORMA
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	PALLITTA, SUSAN
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	ABEL, GENA
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	P
Name	MOLNAR, EVOL
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	BOWEN, MARCIA
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	T
Name	MARTIN, DANETTE
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN PALLITTA**MANAGER****03/18/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date