

**2013 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	T
Name	BRANTLEY, EMILY P
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

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

Title	VP
Name	MOLNAR, CHARLES
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	MGR
Name	FLORES, JUAN
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:** JUAN FLORES**MANAGER****04/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date