ALIAMONI	te springs, FL 32714 US				
FEI Numbe	er: 59-2563236		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent	:			
	RGINIA KE BRANTLEY ROAD SPRINGS, FL 32714 US				
The above name	ed entity submits this statement for the purpose of chang	ving its registered office or re	wintered execution hoth in the Otate of Florida		
	ed entity submits this statement for the purpose of chang	ling its registered onice of re	gistered agent, or both, in the State of Fiorida.		
SIGNATUR	E: VIRGINIA ENGLAND	nng its registered onice of re		/2024	
SIGNATUR	, , , , , , , , , , , , , , , , , , , ,	ing its registered once of re	02/12	2/2024 ate	
	E: VIRGINIA ENGLAND	ing its registered once of re	02/12		
	E: VIRGINIA ENGLAND Electronic Signature of Registered Agent	Title	02/12		
Officer/Dire	E: VIRGINIA ENGLAND Electronic Signature of Registered Agent ector Detail :		02/12 Da		

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04673

# Entity Name: HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.

#### **Current Principal Place of Business:**

6338 LAKE HORSESHOE DR. ORLANDO, FL 32818

## **Current Mailing Address:**

411 WEST LAKE BRANTLEY ROAD

Officer/Director Detail :				
Title	Ρ	Title	MGR	
Name	FULFORD, TANYA	Name	SMITH, ANDRA	
Address	411 WEST LAKE BRANTLEY ROAD	Address	411 WEST LAKE BRANTLEY ROAD	
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714	
Title	VP	Title	SECRETARY	
Name	RAY, FRED	Name	MORGAN, DWYANE	
Address	411 WEST LAKE BRANTLEY ROAD	Address	411 WEST LAKE BRANTLEY ROAD	
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714	
Title	Т	Title	DIRECTOR	
Name	RAY, BARBARA	Name	COUSINS, DEVON	
Address	411 WEST LAKE BRANTLEY ROAD	Address	411 WEST LAKE BRANTLEY ROAD	
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	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: ANDRA SMITH

CAM

Electronic Signature of Signing Officer/Director Detail

FILED Feb 12, 2024 **Secretary of State** 2545403741CC