2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04673

Entity Name: HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.

FILED Apr 08, 2013 **Secretary of State** CC2654935888

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title VΡ

BRANTLEY, EMILY P MOLNAR, CHARLES Name Name Address 860 NORTH S.R. 434 Address 860 NORTH S.R. 434 **SUITE 1009**

SUITE 1009

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 City-State-Zip: City-State-Zip:

Title Title

WOOLDRIDGE, LINDA MOLNAR, EVOL Name Name 860 NORTH S.R. 434 860 NORTH S.R. 434 Address Address

SUITE 1009

SUITE 1009

SUITE 1009

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 City-State-Zip:

Title Title D MGR

WOOLDRIDGE, LARRY FLORES, JUAN Name Name 860 NORTH S.R. 434 860 NORTH S.R. 434 Address Address

SUITE 1009

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 City-State-Zip: City-State-Zip:

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.

04/08/2013 SIGNATURE: JUAN FLORES MANAGER