

2016 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 D
Name MOLNAR, CHARLES
Address 860 NORTH S.R. 434
SUITE 1009
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

Title D
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: IDA EZELL

MANAGER

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date