

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 18 PM 6:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 593169

(6)

1. Corporation Name

HORSESHOE COVE RESORT, INC.

Principal Place of Business

**5100 60TH ST. E
BRADENTON FL 34203**

Mailing Address

**5100 60TH ST. E
BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1978

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1866974

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**TURBEVILLE, JOHN B., JR.
1005 44TH ST W
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name of Registered Agent and Title)

NOTE: Registered Agent separately named when immediate

(SAY)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROWLETT, C. M.
STREET ADDRESS	2414 26TH STREET, WEST
CITY, ST, ZIP	BRADENTON FL
TITLE	D
NAME	NESTOR, WILBER L
STREET ADDRESS	2023 74TH ST W
CITY, ST, ZIP	BRADENTON FL
TITLE	D
NAME	GARROTT, JOE F
STREET ADDRESS	2801-14TH STREET, W.
CITY, ST, ZIP	BRADENTON, FL 00000
TITLE	DP
NAME	BADEN, RAY
STREET ADDRESS	301-99TH STREET, N.W.
CITY, ST, ZIP	BRADENTON, FL 00000
TITLE	DV
NAME	WHITESSELL, JR., I. W.
STREET ADDRESS	55 BEARDED OAKS DR
CITY, ST, ZIP	SARASOTA, FL 00000
TITLE	D
NAME	TURBEVILLE, JR., JOHN B.
STREET ADDRESS	1005 44TH ST. W.
CITY, ST, ZIP	BRADENTON, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4808 9th Ave W
1.4 CITY, ST, ZIP	Bradenton, FL 34209
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	DV/P
3.3 STREET ADDRESS	515 Leffingwell Ave # 117
3.4 CITY, ST, ZIP	Ellenton, FL 34222
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	DP
5.3 STREET ADDRESS	464 Magellan Dr.
5.4 CITY, ST, ZIP	Sarasota, FL 34243
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. W. Whitesell, Jr Pres.

4-15-95

Date

Layout Form 8

593169

Addition:

**S/T Eugene Fogarty
1201 6th Ave W
Bradenton, FL 34205**