FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAR -9 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707326 (5)

1. Corporation Name

HORSESHOE BEACH WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5TH AVE EAST P.O. BOX 158 HORSESHOE BEACH FL 32648	5TH AVE EAST P.O. BOX 158 HORSESHOE BEACH FL 32648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1964
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1224420 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARD, MARGARET
2ND AVE WEST
HORSESHOE BEACH FL 32648

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — FL — Zip Code

900001426669
-03/10/95--01045--018
****138.75 ****138.75

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 office 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☒ Change ☐ Addition
NAME	ELLISON, EDWARD	1.2 NAME	
STREET ADDRESS	7TH AVE. W., P.O. BOX 266	1.3 STREET ADDRESS	N/A
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☒ Addition
NAME	KROPF, RONNIE	2.2 NAME	BOB RANKIN
STREET ADDRESS	3RD AVE. EAST, P.O. BOX 171	2.3 STREET ADDRESS	5TH AVE. WEST P.O. BOX 176 N/A
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	2.4 CITY-ST-ZIP	HORSESHOE BEA., FL. 32648
TITLE	VD	3.1 TITLE	D ☒ Change ☒ Addition
NAME	FUTCH, TIMMY	3.2 NAME	JACK SPIVEY
STREET ADDRESS	4TH AVE. EAST	3.3 STREET ADDRESS	6TH AVE. WEST, P.O. BOX 308 N/A
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	3.4 CITY-ST-ZIP	HORSESHOE BEA. FL. 32648
TITLE	D	4.1 TITLE	V ☒ Change ☐ Addition
NAME	BOIVEN, LARRY	4.2 NAME	BOIVEN, LARRY
STREET ADDRESS	9TH AVE. EAST, P.O. BOX 231 N/A	4.3 STREET ADDRESS	9TH AVE. EAST, P.O. BOX 313
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	4.4 CITY-ST-ZIP	HORSESHOE BEACH, FL. 32648
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	CHERRY, A.D.	5.2 NAME	CHERRY, A.D.
STREET ADDRESS	6TH AVE. E., P.O. BOX 231 N/A	5.3 STREET ADDRESS	6TH AVE. EAST, P.O. BOX 231
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	5.4 CITY-ST-ZIP	HORSESHOE BEACH, FL. 32648
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	BUTLER, JIMMY	6.2 NAME	N/A
STREET ADDRESS	4TH AVE. W., P.O. BOX 155 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	6.4 CITY-ST-ZIP	DELETE

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Owen Knight (Owen Knight) Sec./Treas. 1-30-95 904-498-3662
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0010431