

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
05/21/1964

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1224420

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, MARGARET
2ND AVE WEST
HORSESHOE BEACH FL 32648**

81 Name

LARRY BOIVEN

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

8th AVE. EAST

83

84 City

HORSESHOE BEACH,

FL

85 Zip Code

32648

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Larry Bowen

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D RANKIN, BOB**
STREET ADDRESS **5TH AVE. WEST P.O. BOX 176 N/A**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE ☐ DELETE
NAME **D SPIVEY, JACK**
STREET ADDRESS **6TH AVE. WEST P.O. BOX 308 N/A**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE ☐ DELETE
NAME **V BOIVEN, LARRY**
STREET ADDRESS **9TH AVE. EAST, P.O. BOX 313 N/A**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE ☐ DELETE
NAME **D CHERRY, A.D.**
STREET ADDRESS **6TH AVE. E., P.O. BOX 231**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **8th ave. EAST, P.O. BOX 313**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **D EDWARD ELLISON**
5.3 STREET ADDRESS **6th ave. WEST, P.O. BOX 266**
5.4 CITY-ST-ZIP **HORSESHOE BEACH, FL. 32648**

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)(k), 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:

Larry Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)