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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 326485TH AVE EAST
P.O. BOX 158
HORSESHOE BEACH FL 32648-01583. Date Incorporated or Qualified
05/21/19643a. Date of Last Report
01/25/19964. FEI Number
59-1224420Applied For
Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes

XX No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOIVEN, LARRY
8TH AVE. EAST
HORSESHOE BEACH FL 32648

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RANKIN, BOB
STREET ADDRESS 5TH AVE. WEST P.O. BOX 176 N/A
CITY - ST - ZIP HORSESHOE BEACH FL 326481.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME SPIVEY, JACK
STREET ADDRESS 6TH AVE. WEST P.O. BOX 308 N/A
CITY - ST - ZIP HORSESHOE BEACH FL 326482.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS MANN, DON
2.4 CITY - ST - ZIP 8th AVE. WEST, P.O. BOX 387
HORSESHOE BEACH, FL. 32648TITLE P ☐ DELETE
NAME BOIVEN, LARRY
STREET ADDRESS 8TH AVE. EAST, PO BOX 313
CITY - ST - ZIP HORSESHOE BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME CHERRY, A.D.
STREET ADDRESS 6TH AVE. E., P.O. BOX 231
CITY - ST - ZIP HORSESHOE BEACH FL 326484.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS OGLESBEE, RENDELL
4.4 CITY - ST - ZIP 1st AVE. WEST, P.O. BOX 426
HORSESHOE BEACH, FL. 32648TITLE D ☐ DELETE
NAME ELLISON, EDWARD
STREET ADDRESS 6TH AVE WEST. BOX 266
CITY - ST - ZIP HORSESHOE BEACH FL 326485.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011969

CR2E037 (9/96)