

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 18 1998 8:00am  
Secretary of State

DOCUMENT # 707326 (5)  
1. Corporation Name  
HORSESHOE BEACH WATER ASSOCIATION, INC.



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

Mailing Address  
5TH AVE EAST  
P.O. BOX 158  
HORSESHOE BEACH FL 32648

3. Date Incorporated or Qualified  
05/21/1964

4. FEI Number  
59-1224420

Applied For  
Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

11 Name  
12 Street Address (P.O. Box Number is Not Acceptable)  
13  
14 City  
15 FL 16 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 *Larry Boiven*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE JAN 20 98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	RANKIN, BOB	5TH AVE. WEST P.O. BOX 178 N/A	HORSESHOE BEACH FL 32648	<input type="checkbox"/>
D	MANN, DON	8TH AVE W PO BOX 387 N/A	HORSHOE BEACH FL	<input type="checkbox"/>
P	BOIVEN, LARRY	8TH AVE. EAST, PO BOX 313 N/A	HORSESHOE BEACH FL	<input type="checkbox"/>
D	OGLESBEE, RENDELL	1ST AVE W PO BOX 426	HORSHOE RANCH FL	<input checked="" type="checkbox"/>
D	ELLISON, EDWARD	6TH AVE WEST. BOX 268	HORSESHOE BEACH FL 32648	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for 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; 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 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 Boiven*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DR

DATE Jan 20 98  
Daytime Phone

CR2E037 (10/97)