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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707326

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1224420	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

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, Sections 617.0503, Florida Statutes.

SIGNATURE Larry Bowen DATE 3-30-99
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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKIN, BOB	1.2 NAME	Don Mann
STREET ADDRESS	5TH AVE. WEST P.O. BOX 176 N/A	1.3 STREET ADDRESS	P.O. BOX 387
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	1.4 CITY-ST-ZIP	Horseshoe Beach FL 32648
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, DON	2.2 NAME	Teddy Kight
STREET ADDRESS	8TH AVE W P.O. BOX 387 N/A	2.3 STREET ADDRESS	P.O. Box 65
CITY-ST-ZIP	HORSHOE BEACH FL	2.4 CITY-ST-ZIP	Horseshoe Beach FL 32648
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BOIVEN, LARRY	3.2 NAME	
STREET ADDRESS	8TH AVE. EAST, P.O. BOX N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HORSESHOE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKS, KATTIE	4.2 NAME	Pletcher Ramona
STREET ADDRESS	6170 RIAS CONDLS	4.3 STREET ADDRESS	P.O. Box 46
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	Horseshoe Beach FL 32648
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIS, LARRY	5.2 NAME	Rendell Ogelsbee
STREET ADDRESS	RT. 9 P.O. BOX 4530 N/A	5.3 STREET ADDRESS	P.O. Box 426
CITY-ST-ZIP	LAKE CITY FL 32024	5.4 CITY-ST-ZIP	Horseshoe Beach FL 32648
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE Larry Bowen

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-498-3552

CR2E037 (1/98)