

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707326

1. Entity Name

HORSESHOE BEACH WATER ASSOCIATION, INC.

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90024 032 \*\*\*\*61.25

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

JUN 01 2002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1224420		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MANN, DONALD H 8TH AVE. EAST HORSESHOE BEACH FL 32648				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Donald H. Mann Donald H. Mann/President Feb. 28, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANN, DONALD H			NAME			
STREET ADDRESS	P.O. BOX 387			STREET ADDRESS			
CITY-ST-ZIP	HORSESHOE BEACH FL 32648			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIGHT, TEDDY			NAME			
STREET ADDRESS	P.O. BOX 65			STREET ADDRESS			
CITY-ST-ZIP	HORSHOE BEACH FL 32648			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OGLESBEE, RENDELL			NAME	Danny Kight		
STREET ADDRESS	12731 OAK TREE DR.			STREET ADDRESS	P.O. Box 304		
CITY-ST-ZIP	HUDSON FL 34667			CITY-ST-ZIP	Horseshoe Beach, Fl. 32648		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VORIES, RICHARD			NAME	Jim Livingston		
STREET ADDRESS	RT 3 BOX 101 A			STREET ADDRESS	P.O. Box 248		
CITY-ST-ZIP	LAKE CITY FL 32606			CITY-ST-ZIP	Horseshoe Beach, Fl. 32648		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTERSON, GARY			NAME			
STREET ADDRESS	P O BOX 428			STREET ADDRESS			
CITY-ST-ZIP	HORSESHOE BEACH FL 32648			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIGHT, GEORGE T			NAME			
STREET ADDRESS	P O BOX 163			STREET ADDRESS			
CITY-ST-ZIP	HORSESHOE BEACH FL 32648			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald H. Mann Donald H. Mann/President Feb. 28, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)