

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 # 736967 (1)
1. Corporation Name
HORSESHOE ACRES ASSOCIATION, INC.



Principal Place of Business

**40811 HORSESHOE RD
PUNTA GORDA FL 33955**

Mailing Address

**40811 HORSESHOE RD
PUNTA GORDA FL 33955**

3. Date Incorporated or Qualified
10/05/1976

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **40570 HORSESHOE RD**
Suite, Apt. #, etc.

26 **40570 HORSESHOE RD.**
Suite, Apt. #, etc.

22

27

City & State

23 **PUNTA GORDA, FL**

Zip
33955

Country

CHARLOTTE

City & State

28 **PUNTA GORDA, FL**

Zip

33955

Country

CHARLOTTE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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

**BRIGGS, AMEY S
40811 HORSESHOE RD
PUNTA GORDA FL 33955**

10. Name and Address of New Registered Agent

81 Name

LONG, TRACEY D.

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

40570 HORSESHOE RD.

83

84 City

PUNTA GORDA

FL

85 Zip Code

33955

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

Tracey D. Long
Signature, typed or printed name of registered agent and title if applicable

TRACEY D. LONG
(NOTE: Registered Agent signature required when reinstating)

4/24/96
DATE

12. OFFICERS AND DIRECTORS

TITLE

**VPD
WARNEKE, MARTHA J.
1209 S.E. 20TH CT.
CAPE CORAL FL**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TD
STARNES, JAMES R.
40301 HORSESHOE RD
PUNTA GORDA FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**SD
BRIGGS, AMEY S
40811 HORSESHOE RD
PUNTA GORDA FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TD
CECILIA SMITH
41271 HORSESHOE RD.
PUNTA GORDA, FL 33955**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TD
TRACEY D. LONG
40570 HORSESHOE RD
PUNTA GORDA, FL 33955**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TD
CECILIA SMITH
41271 HORSESHOE RD.
PUNTA GORDA, FL 33955**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TD
CECILIA SMITH
41271 HORSESHOE RD.
PUNTA GORDA, FL 33955**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**VPD
WILLIAM BARRIER JR.
41430 HORSESHOE RD.
PUNTA GORDA, FL 33955**

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

**V/VPD
SUE SMITH
41550 HORSESHOE RD
PUNTA GORDA, FL 33955**

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

**SD
TRACEY D. LONG
40570 HORSESHOE RD
PUNTA GORDA, FL 33955**

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

**TD
CECILIA SMITH
41271 HORSESHOE RD.
PUNTA GORDA, FL 33955**

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

**TD
TRACEY D. LONG
40570 HORSESHOE RD
PUNTA GORDA, FL 33955**

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

**TD
CECILIA SMITH
41271 HORSESHOE RD.
PUNTA GORDA, FL 33955**

☐ 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:

Tracey D. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACEY D. LONG

4/24/96 (94) 337-8116
Date Daytime Phone #

CFR2E037 (12/95)