

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90059 047 ****61.25

DOCUMENT # 736967

1. Corporation Name

HORSESHOE ACRES ASSOCIATION, INC.

Principal Place of Business

40570 HORSESHOE RD
PUNTA GORDA FL 33955
US

Mailing Address

40570 HORSESHOE RD
PUNTA GORDA FL 33955
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State -

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State -

28 Zip

Country

3. Date Incorporated or Qualified

10/05/1976

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

9. Name and Address of Current Registered Agent

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

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, 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

TITLE PD ☒ DELETE

NAME WILLIAM BARRIER JR.
STREET ADDRESS 41420 HOSRESHOE RD
CITY-ST-ZIP PUNTA GORDA FL

TITLE VPD ☒ DELETE

NAME SUE SMITH
STREET ADDRESS 41550 HORSESHOE RD
CITY-ST-ZIP PUNTA GORDA FL

TITLE SD ☐ DELETE

NAME TRACEY D. LONG
STREET ADDRESS 40570 HORSESHOE RD
CITY-ST-ZIP PUNTA GORDA FL

TITLE TD ☐ DELETE

NAME CECILIA SMITH
STREET ADDRESS 41271 HORSESHOE RD
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition

JERRY BEAUCHAMP
40720 HORSESHOE RD.
PUNTA GORDA, FL 33955

VPD ☒ Change ☐ Addition

BRYAN SMITH
41271 HORSESHOE RD.
PUNTA GORDA, FL 33955

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

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

3/16/99 (941) 337-8266

Date

Daytime Phone #

CR2E037 (1/1/98)

0061943