2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2002 8:00 am Secretary of State **DOCUMENT # 736967** 1. Entity Name HORSESHOE ACRES ASSOCIATION, INC. 04-29-2002 90078 050 ****61.25 Mailing Address Principal Place of Business 40570 HORSESHOE RD 40570 HORSESHOE RD PUNTA GORDA FL 33955 US PUNTA GOBBA FL 33955 3. Mailing Address 2. Principal Place of Business 120 HORSESHOE RI 41720 HORSESHOE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State GORDA FEI Number NOT APPLICABLE ATUCH Not Applicable \$8.75 Additional Country Certificate of Status Desired SA Fee Required LLAR LOTT E Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent SOAN CRAFT LONG, TRACEY D. 40570 HORSESHOE RD PUNITÁ GORDA FL 33955 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. .10. (10/6) ☐ Addition ☐ Change ☐ Delete TITLE TITLE BEAUCHAMP, JERRY NAME NAME 40720 HORSESHOE RD STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33955** CITY-ST-ZIP CITY-ST-ZIP VPD LONG TITLE Delete SMITH, BRYAN NAME 40570 HORSESHOZ RD. PUNTA=GORDA, FL-33982 NAME 41271 HORSESHOE RD STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33955 CITY-ST-ZIP CITY-ST-ZIP **☑**≉Addition TITLE TITLE TRACEY D. LONG 1720 HORSESHOE NAME NAME 40570 HORSESHOE-RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL CITY-ST-ZIP Delete TITLE TITLE BARRIER, MARY ANN NAME NAME 41181 HORSESHOE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33955** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP 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: TURE AND TYPED OR PRINTED E OF SIGNING OFFICER OR DIRECTOR