

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736967

FILED
Apr 05, 2005
Secretary of State

Entity Name: HORSESHOE ACRES ASSOCIATION, INC.

Current Principal Place of Business:

41720 HORSESHOE RD
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

40300 HORSESHOE ROAD
PUNTA GORDA, FL 33982 US

Current Mailing Address:

41720 HORSESHOE RD
PUNTA GORDA, FL 33982 US

New Mailing Address:

40300 HORSESHOE ROAD
PUNTA GORDA, FL 33982 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAFT, JOAN
41720 HORSESHOE RD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

COLYER, MICHAEL
40300 HORSESHOE ROAD
PUNTA GORDA, FL 33982 US

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: MICHAEL COLYER

04/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONG, RICK
Address: 40570 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: VPD () Delete
Name: LONG, ERIC
Address: 40570 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD () Delete
Name: CRAFT, JOAN
Address: 41720 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: TD () Delete
Name: BARRTER, KEVIN
Address: 41181 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: COLYER, MICHAEL
Address: 40300 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD (X) Change () Addition
Name: GALLAHER, ROWENA
Address: 40300 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: TD (X) Change () Addition
Name: MCDONALE, TROY
Address: 40390 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COLYER

VD

04/05/2005

Electronic Signature of Signing Officer or Director

Date