

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736967

FILED
Apr 29, 2008
Secretary of State

Entity Name: HORSESHOE ACRES ASSOCIATION, INC.

Current Principal Place of Business:

40060 HORSESHOE ROAD
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

40390 HORSESHOE ROAD
PUNTA GORDA, FL 33982 US

Current Mailing Address:

PO BOX 3059
NORTH FORT MYERS, FL 339183059

New Mailing Address:

PO BOX 3059
NORTH FORT MYERS, FL 339183059 US

FEI Number: 59-2767157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATHANSON, BARRIE
40060 HORSESHOE ROAD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

MCDONALD, TROY
40390 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: TROY MCDONALD

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLAHER, ROWENA
Address: 2140 WAYLIFE COURT
City-St-Zip: ALVA, FL 33920

Title: VP () Delete
Name: USHER, ART
Address: 41661 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: T () Delete
Name: MCDONALD, TROY
Address: 40390 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: S () Delete
Name: NATHANSON, BARRIE
Address: 40060 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TROY MCDONALD

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04/29/2008

Electronic Signature of Signing Officer or Director

Date