

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90735 031 \*\*\*\*\*70.00

**DOCUMENT # 736967**

1. Entity Name  
**HORSESHOE ACRES ASSOCIATION, INC.**



Principal Place of Business

**41720 HORSESHOE RD  
PUNTA GORDA FL 33982  
US**

Mailing Address

**41720 HORSESHOE RD  
PUNTA GORDA FL 33982  
US**

2. Principal Place of Business

3. Mailing Address

*same*  
Suite, Apt. #, etc.

*same*  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*JOAN CRAFT - Sec*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS **\$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **BEAUCHAMP, JERRY**  
STREET ADDRESS **40720 HORSESHOE RD**  
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **ADD** ☒ Change ☐ Addition  
NAME **RICK LONG**  
STREET ADDRESS **40570 HORSESHOE RD**  
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **VPD** ☐ Delete  
NAME **LONG, RICK**  
STREET ADDRESS **40570 HORSESHOE RD**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **ADD** ☐ Change ☐ Addition  
NAME **ERIC**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **CRAFT, JOAN**  
STREET ADDRESS **41720 HORSESHOE RD**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **BARRIER, MARY ANN**  
STREET ADDRESS **41181 HORSESHOE RD**  
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **ADD** ☒ Change ☐ Addition  
NAME **KEVIN BARRIER**  
STREET ADDRESS **41181 HORSESHOE RD**  
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*JOAN CRAFT - Sec*

**239-  
574-3533**

CR2E037 (10/02)