


**2008 NOT-~~FOR~~ PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757566**

1. Entity Name  
 HORSE CREEK ACRES OWNERS ASSOCIATION, INC.



Principal Place of Business  
 7518 SW HORSE CREEK RD  
 ARCADIA, FL 34266

Mailing Address  
 7518 SW HORSE CREEK RD  
 ARCADIA, FL 34266

**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 14-1970085 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDRA SANDERS, P.A.  
 203 W OAK ST  
 ARCADIA, FL 34266

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MCCALL, ELAINE S
STREET ADDRESS	7518 SW HORSE CREEK RD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	CROSBY, NATHAN D
STREET ADDRESS	7741 SW HORSE CREEK RD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	HALDEMAN, EDGAR
STREET ADDRESS	8056 SW HORSE CREEK RD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	HOPKINS, RANDY
STREET ADDRESS	7912 SW HORSE CREEK RD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000886116  
 04/18/08-80043-005 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Elaine S. McCall *Elaine S. McCall* 4/2/08 863-993-4474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #