

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 27, 2009  
Secretary of State**

DOCUMENT# 757566

Entity Name: HORSE CREEK ACRES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7518 SW HORSE CREEK RD  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

7518 SW HORSE CREEK RD  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 14-1970085      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ST      ( ) Delete  
Name: MCCALL, ELAINE S  
Address: 7518 SW HORSE CREEK RD  
City-St-Zip: ARCADIA, FL 34266

Title: D      ( ) Delete  
Name: CROSBY, NATHAN D  
Address: 7741 SW HORSE CREEK RD  
City-St-Zip: ARCADIA, FL 34266

Title: D      ( ) Delete  
Name: HALDEMAN, EDGAR  
Address: 8056 SW HORSE CREEK RD  
City-St-Zip: ARCADIA, FL 34266

Title: D      ( ) Delete  
Name: HOPKINS, RANDY  
Address: 7912 SW HORSE CREEK RD  
City-St-Zip: ARCADIA, FL 34266

**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: D      (X) Change ( ) Addition  
Name: HOPKINS, RANDY  
Address: 417 GLEN OAK RD  
City-St-Zip: VENICE, FL 34292

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: ELAINE S MCCALL

SEC

06/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date