

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90020 036 *****61.25

0023914

DOCUMENT # N00000007136

1. Entity Name

HORSESHOE LAKE & CREEK HOMEOWNERS ASSOCIATION, I

Principal Place of Business

**200 W. FIRST STREET
 STE 22
 SANFORD FL 32771**

Mailing Address

**200 W. FIRST STREET
 STE 22
 SANFORD FL 32771**

2. Principal Place of Business

410 E. 6th Street

3. Mailing Address

410 E. 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chuluota, FL

City & State
Chuluota, FL

Zip
32766

Country
US

Zip
32766

Country
US

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COLBERT, WILLIAM L
 200 W. FIRST STREET
 STE 22
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **KAREN NELSON**
 Street Address (P.O. Box Number is Not Acceptable)
410 E. 6TH STREET
 City **CHULUOTA** FL Zip Code **32766**

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.

SIGNATURE

Karen Nelson
 Signature of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, CARL 200 W. FIRST STREET STE 22 SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, MARIE 200 W. FIRST STREET STE 22 SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JEFF 200 W. FIRST STREET STE 22 SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, KAREN 200 W. FIRST STREET STE 22 SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, CARL 410 E. 6th Street Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, MARIE 410 E. 6th Street Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JEFF 410 E. 6th Street Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, KAREN 410 E. 6th Street Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Karen Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN NELSON

Date

Daytime Phone #

4-10-01

CR2E037 (10/00)