

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-04-2005 90108 042 ****61.25

DOCUMENT # N03000004710 1. Entity Name HORSESHOE COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 114 NE 1 ST TRENTON, FL 32693		Mailing Address P.O. BOX 308 TRENTON, FL 32693	
2. Principal Place of Business 1731 NW 6 ST Suite, Apt. #, etc. A		3. Mailing Address 1731 NW 6 ST Suite, Apt. #, etc. A	
City & State GAINESVILLE FL		City & State GAINESVILLE FL	
Zip 32609		Zip 32609	
Country ALACHUA		Country ALACHUA	
4. FEI Number APPLIED FOR 20-2337819		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURT, THEODORE M ESQ 114 NE 1 ST TRENTON, FL 32693		7. Name and Address of New Registered Agent Name ED BAUR Mgmt. FNC. Street Address (P.O. Box Number is Not Acceptable) 1731 NW 6 ST, SUITE A City GAINESVILLE FL Zip Code 32609	
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 <u><i>Eugene Haufler, CAM</i></u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHORE, FREDRIC 13410 NW 49TH LANE GAINESVILLE, FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARABI, FRANK 6809 NW 48TH LANE GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURT, THEODORE M P O BOX 308/114 NE FIRST ST TRENTON, FL 32693	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLINGTON, DONNIE 6011 NW 1ST PLACE GAINESVILLE, FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MICHAEL T P O BOX 5/6439 W CR 232 BELL, FL 32619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>FRANK R. SHORE</i></u>		DATE: <u>4/28/05</u> DAYTIME PHONE: <u>375-7104</u>	

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