


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90014 040 \*\*\*\*61.25

|  |                       |  |  |   |  |
|--|-----------------------|--|--|---|--|
| <b>DOCUMENT # N03000004710</b>   |                       |  |  |                |  |
| 1. Entity Name<br><b>HORSESHOE COVE CONDOMINIUM ASSOCIATION, INC.</b>  |                       |  |  |   |  |
| Principal Place of Business<br><b>1731 NW 6 STREET<br/>A<br/>GAINESVILLE, FL 32609</b>   |                       |  | Mailing Address<br><b>1731 NW 6 STREET<br/>A<br/>GAINESVILLE, FL 32609</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1731 NW 6TH STREET</b>  |                       | 3. Mailing Address<br><b>PO BOX 14506</b>  |  |   |  |
| Suite, Apt. #, etc.<br><b>SUITE A</b>  |                       | Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>GAINESVILLE FL</b>  |                       | City & State<br><b>GAINESVILLE FL</b>  |  | 4. FEI Number<br><b>20-2337814</b>  |  |
| Zip<br><b>32609</b>  |                       | Country<br><b>ALACHUA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip<br><b>32604</b>  |                       | Country<br><b>ALACHUA</b>  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                       |  | 7. Name and Address of New Registered Agent                                |   |  |
| <b>ED BAUR MGMT, INC.<br/>1731 NW 6 STREET, SUITE A<br/>GAINESVILLE, FL 32609</b>  |                       |  | Name   |   |  |
|  |                       |  | Street Address (P.O. Box Number is Not Acceptable)                         |   |  |
|  |                       |  | City   |   |  |
|  |                       |  | <b>FL</b> 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 <i>Robert Curry</i>  |                       | (NOTE: Registered Agent signature required when reinstating)                           |  | DATE <b>3-8-07</b>  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>       |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |                       |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |   |  |
| TITLE  | VP                    | <input checked="" type="checkbox"/> Delete   | TITLE  | P   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SHORE, FREDRIC        |  | NAME   | DR. ARNOLD BLAIR  |  |
| STREET ADDRESS   | 13410 NW 49TH LANE    |  | STREET ADDRESS   | 6577 NW 193RD STREET  |  |
| CITY-ST-ZIP  | GAINESVILLE, FL 32606 |  | CITY-ST-ZIP  | MICANOPY FL 32667-7765  |  |
| TITLE  | P                     | <input checked="" type="checkbox"/> Delete   | TITLE  | S.  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HARBIN, MICHAEL DR    |  | NAME   | DENNIS J. MAHAR   |  |
| STREET ADDRESS   | 197 SW 129TH TERR     |  | STREET ADDRESS   | 5134 SW 106TH WAY   |  |
| CITY-ST-ZIP  | NEWBERRY, FL 32669    |  | CITY-ST-ZIP  | GAINESVILLE FL 32608  |  |
| TITLE  | S                     | <input checked="" type="checkbox"/> Delete   | TITLE  | T.  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | BLAIR, ARNOLD DR      |  | NAME   | ROBERT CURRY  |  |
| STREET ADDRESS   | 6577 NW 193RD ST      |  | STREET ADDRESS   | 121 23RD ST NW  |  |
| CITY-ST-ZIP  | MICANOPY, FL 32667    |  | CITY-ST-ZIP  | NAPLES FL 34120 ✓   |  |
| TITLE  | T                     | <input checked="" type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MAHAR, DENNIS         |  | NAME   |   |  |
| STREET ADDRESS   | 5134SW 126TH WAY      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | GAINESVILLE, FL 32608 |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                     | <input checked="" type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | KUNES, RHONDA         |  | NAME   |   |  |
| STREET ADDRESS   | PO BOX 985            |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | TIFTON, GA 31793      |  | CITY-ST-ZIP  |   |  |
| TITLE  |                       | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |  | NAME   |   |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP  |   |  |
| 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: <i>Robert Curry</i>   |                       | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT CURRY</b> |  | Date <b>3-23-07</b> Daytime Phone # <b>239-455-6605</b>   |  |