


**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 <b>HORSESHOE COVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1731 NW 6 STREET A GAINESVILLE, FL 32609</b>			Mailing Address <b>1731 NW 6 STREET A GAINESVILLE, FL 32609</b>		
2. Principal Place of Business - No P.O. Box # <b>1731 NW 6TH STREET</b>		3. Mailing Address <b>PO BOX 14506</b>			
Suite, Apt. #, etc. <b>SUITE A</b>		Suite, Apt. #, etc.			
City & State <b>GAINESVILLE FL</b>		City & State <b>GAINESVILLE FL</b>		4. FEI Number <b>20-2337814</b>	
Zip <b>32609</b>		Country <b>ALACHUA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32604</b>		Country <b>ALACHUA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ED BAUR MGMT, INC. 1731 NW 6 STREET, SUITE A GAINESVILLE, FL 32609</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
<b>FL</b>					
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>		DATE <b>3-8-07</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<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>		ROBERT CURRY		3-23-07 239-455-6605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	