

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90020 008 ****61.25

DOCUMENT # N03000004710

1. Entity Name
HORSESHOE COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1731 NW 6 STREET
 SUITE A
 GAINESVILLE, FL 32609**

Mailing Address
**P.O. BOX 14506
 GAINESVILLE, FL 32604**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2337814 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
**ED BAUR MGMT, INC.
 1731 NW 6 STREET, SUITE A
 GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

Name
WESTON BAUR/ED BAUR MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
**DBA FLORIDA COMMUNITY MANAGEMENT
 1731 NW 6TH STREET**

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 *Ed Baur as Agent*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P	<i>Armon</i> BLAIR, ARNOLD <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6577 NW 193RD STREET MICANOPY, FL 326677765
TITLE S	MAHAR, DENNIS <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5134 SW 106TH WAY GAINESVILLE, FL 32608
TITLE T	CURRY, ROBERT <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	121 23RD ST NW NAPLES, FL 34120
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	BLAIR, ARMON
TITLE NAME	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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: *Armon Blair* ARMON BLAIR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #