2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N03000004710

Entity Name: HORSESHOE COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6 STREET
SUITE A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 20-2337814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTON BAUR/ED BAUR MANAGEMETN
DBA FLORIDA COMMUNITY MANAGEMENT
1731 NW 6TH STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.
1731 NW 6TH STREET
STE A
GAINESVILLE, FL 32609 US

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: HAL WHITTET 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLAIR, ARMON
Address: 6577 NW 193RD STREET
City-St-Zip: MICANOPY, FL 326677765

Title: T ( ) Delete
Name: MAHAR, DENNIS
Address: 5134 SW 106TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete
Name: CURRY, ROBERT
Address: 121 23RD ST NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MAHAR, DENNIS
Address: 5134 SW 106TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Change ( ) Addition
Name: CURRY, ROBERT
Address: 121 23RD ST NW
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMON BLAIR P 03/27/2009
Electronic Signature of Signing Officer or Director Date