2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N04000002094

Entity Name: HORSE CREEK ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2235 VENETIAN COURT
NAPLES, FL 34109 US

New Principal Place of Business:

2235 VENETIAN CT
SUITE 5
NAPLES, FL 34109 US

Current Mailing Address:

2235 VENETIAN COURT
NAPLES, FL 34109 US

New Mailing Address:

2235 VENETIAN COURT
SUITE 5
NAPLES, FL 34109 US

FEI Number: 34-2009733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFFMAN, ALAN T
2235 VENETIAN COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

SCHIFFMAN, ALAN T
2235 VENETIAN COURT
SUITE 5
NAPLES, FL 34109 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: _____ 04/15/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHIFFMAN, ALAN T
Address: 1166 DIMOCK LANE
City-St-Zip: NAPLES, FL 34110 US

Title: D ( ) Delete
Name: CROSS, WILLIAM P.R.
Address: 650 SENTRY PARKWAY
City-St-Zip: BLUE BELL, PA 19422

Title: D ( ) Delete
Name: GULICK, PETER
Address: 106 ELDON STREET, STE. 17
City-St-Zip: HERONODON, VA 20170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHIFFMAN, ALAN T
Address: 2235 VENETIAN CT #5
City-St-Zip: NAPLES, FL 34109 US

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

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

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: ALAN T. SCHIFFMAN PD 04/15/2008
Electronic Signature of Signing Officer or Director — Date