2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State
05-25-2005 90001 025 ****61.25

DOCUMENT # N04673

1. Entity Name
HORSESHOE BEND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
190 N. WESTMONTE DR 100 ALTAMONTE SPRINGS, FL 32714	190 N. WESTMONTE DR 100 ALTAMONTE SPRINGS, FL 32714

05042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-2004853 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPBELL, MARILYN 190 N. WESTMONTE DR 100 ALTAMONTE SPRINGS, FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ Date

Filing Fee is $61.25
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD KELLY, AMY 6542 WHIRLAWAY CIRCLE ORLANDO, FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T/D Tony CASTILLO 6504 Lake Horseshoe Dr. ORLANDO, FL 32818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T KELLY, BRIAN 6542 WHIRLAWAY CIR ORLANDO, FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/D Charles Molnar 4523 Sea Biscuit Ct Orlando, FL 32818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD WOOLDRIDGE, LINDA 6448 LAKE HORSESHOE DR ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ACC WOOLDRIDGE, LARRY 6448 LAKE HORSESHOE DR ORLANDO, FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD MOLNAR, EVOL 4523 SEA BISCUIT COURT ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D Evol Molnar	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tony Castillo 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date