FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09282 (7)

1. Corporation Name
VILLAGE OF HORSESHOE ACRES, INC.

Principal Place of Business	Mailing Address
C/O GRAHAM 8233 STAGE COACH LANE BOCA RATON FL 33496	C/O GRAHAM 8233 STAGE COACH LANE BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1985
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2508240 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 Mrs Pat Gibson	26 17554 Wagon Wheel Dr	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc.: 22 17554 Wagon Wheel Dr	Suite, Apt. #, etc.: 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State: 23 Boca Raton Fl.	City & State: 28 Boca Raton Fl.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip: 24 33496 Country: 25 USA	Zip: 29 33496 Country: 30 USA	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAHAM, JACK 8233 STAGECOACH LANE BOCA RATON FL 33496	81 Name: Gibson, Pat (Mrs) 82 Street Address (P.O. Box Number is Not Acceptable): 17554 Wagon Wheel Dr 83 84 City: Boca Raton FL 85 Zip Code: 33496

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Pat Gibson — Pat Gibson — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	GRAHAM, JACK	12 NAME	Mrs. Pat Gibson	
STREET ADDRESS	8233 STAGE COACH LANE	13 STREET ADDRESS	17554 Wagon Wheel Dr.	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Boca Raton, Fl. 33496	
TITLE	D	21 TITLE	D	☐ Change ☐ Addition
NAME	SULLIVAN, WM H L	22 NAME	Sullivan, Wm H L	
STREET ADDRESS	8301 STAGECOACH LN	23 STREET ADDRESS	8301 Stagecoach Ln	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boca Raton Fl 33496	
TITLE	VPD	31 TITLE	VPD	☒ Change ☐ Addition
NAME	ROSENBERG, MARK	32 NAME	Bongers, Mrs Olivia	
STREET ADDRESS	8166 BRIDLE PATH	33 STREET ADDRESS	8234 Stagecoach Ln	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	Boca Raton Fl. 33496	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	LENTS, CHERYL	42 NAME	Klepstad, Karen	
STREET ADDRESS	8601 SURREY LN	43 STREET ADDRESS	8413 Stagecoach Ln	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	Boca Raton, Fl. 33496	
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	HARMAN, ELLEN	52 NAME	Merman, Margaret	
STREET ADDRESS	8184 STAGECOACH LN	53 STREET ADDRESS	8232 Bridle Path	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	Boca Raton Fl. 33496	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Merman — 4-12-95 — 407 482 5642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061801