

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N09282 (7)

1. Corporation Name

VILLAGE OF HORSESHOE ACRES, INC.



Principal Place of Business

% PAT GIBSON  
17554 WAGONWHEEL DR  
BOCA RATON FL 33496  
US

Mailing Address

17554 WAGON WHEEL DR  
BOCA RATON FL 33496  
US

3. Date Incorporated or Qualified  
05/14/1985

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2508240

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

GIBSON, PAT  
17554 WAGON WHEEL DR  
BOCA RATON FL 33496

81 Name Karen Klefstad, Treasurer

82 Street Address (P.O. Box Number is Not Acceptable)  
8413 Stage Coach Lane

83

84 City Boca Raton

FL

85 Zip Code 33496

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Karen Klefstad

KAREN KLEFSTAD, Treasurer

3-10-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, PAT	
STREET ADDRESS	17554 WAGON WHEEL DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, WM H L	
STREET ADDRESS	8301 STAGECOACH LN	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BONGERS, OLIVIA	
STREET ADDRESS	8234 STAGECOACH LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEPSTAD, KAREN	
STREET ADDRESS	8413 STAGECOACH LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MERMAN, MARGARET	
STREET ADDRESS	8232 BRIDLE PATH	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kathleen Raskin	
1.3 STREET ADDRESS	8548 Surrey Ln.	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33496	
2.1 TITLE	Secretary D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda Fiebert	
2.3 STREET ADDRESS	8247 Bridle Path	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33496	
3.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen Klefstad	
3.3 STREET ADDRESS	8413 Stage Coach Ln.	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33496	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Karen Klefstad

KAREN KLEFSTAD

3-10-96

407-477-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)