

3/26/98

B-3796 C

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09282** (7)

1. Corporation Name

VILLAGE OF HORSESHOE ACRES, INC.



Principal Place of Business 2801 CLINTMOORE RD 424 BOCA RATON FL 33496 US	Mailing Address 2801 CLINT MOORE RD. STE #424 BOCA RATON FL 33496 US
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3. Date Incorporated or Qualified 05/14/1985
4. FEI Number 59-2508240
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HERMANOWSKI, MARLA 8298 BRIDLE PATH BOCA RATON FL 33496

10. Name and Address of New Registered Agent 81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL 85 Zip Code

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 *Marla Hermanowski* **MARLA HERMANOWSKI SECRETARY & REGISTERED AGENT 2/2/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME RASKIN, KATHLEEN	
STREET ADDRESS 8549 SURREY LANE	
CITY-ST-ZIP BOCA RATON FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME RECTOR, MATHEW	
STREET ADDRESS 17962 WAGONWHEEL DRIVE	
CITY-ST-ZIP BOCA RATON FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME HERMANOWSKI, MARLA	
STREET ADDRESS 8298 BRIDLE PATH	
CITY-ST-ZIP BOCA RATON FL	<i>Secretary - Director</i>
TITLE PD	<input type="checkbox"/> DELETE
NAME BATTAGLIA, BRIAN	
STREET ADDRESS 8233 STAGECOACH LANE	
CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RAY DOREMUS	
1.3 STREET ADDRESS 8414 BRIDLE PATH	
1.4 CITY-ST-ZIP BOCA RATON, FL 33496	<i>Treasurer Director</i>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ROBERT PELLO	
2.3 STREET ADDRESS 8415 BRIDLE PATH	
2.4 CITY-ST-ZIP BOCA RATON, FL 33496	<i>Vice President Director</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME BILL McCUTCHES	
3.3 STREET ADDRESS 8346 STAGE COACH LN.	
3.4 CITY-ST-ZIP BOCA RATON, FL 33496	<i>Director</i>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BRIAN BATTAGLIA	
4.3 STREET ADDRESS 8233 STAGE COACH LN	
4.4 CITY-ST-ZIP BOCA RATON FL	<i>President-Director</i>
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 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 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 *Marla Hermanowski* **MARLA HERMANOWSKI, Secretary** 2-2-98 2/1/1998

CR2E037 (10/97)