


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90053 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09282**

1. Corporation Name

**VILLAGE OF HORSESHOE ACRES, INC.**

Principal Place of Business

2901 CLINTMOORE RD  
 424  
 BOCA RATON FL 33496  
 US

Mailing Address

2901 CLINT MOORE RD. STE #424  
 BOCA RATON FL 33496  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/14/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2508240	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERMANOWSKI, MARLA 8298 BRIDLE PATH BOCA RATON FL 33496				81 Name Linda Fiebert			
				82 Street Address (P.O. Box Number is Not Acceptable) 8297 Bridle Path			
				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 Linda Fiebert DATE 4/27/99  
 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	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DOREMUS, RAY		1.2 NAME				
STREET ADDRESS	8414 BRIDLE PATH		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PELIC, ROBERT		2.2 NAME	Jupe, Peggy			
STREET ADDRESS	8415 BRIDLE PATH		2.3 STREET ADDRESS	8231 Bridle Path			
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP	Boca Raton FL 33496			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HERMANWOSKI, MARLA		3.2 NAME	Fiebert, Linda			
STREET ADDRESS	8298 BRIDLE PATH		3.3 STREET ADDRESS	8297 Bridle Path			
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Boca Raton FL 33496			
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BATTAGLIA, BRIAN		4.2 NAME	BATTAGLIA			
STREET ADDRESS	8233 STAGECOACH LANE		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MCCUTCHEN, BILL		5.2 NAME	Benes, Tammy			
STREET ADDRESS	8346 STAGE COACH LANE		5.3 STREET ADDRESS	17554 Wagon Wheel Drive			
CITY-ST-ZIP	BOCA RATON FL 33496		5.4 CITY-ST-ZIP	Boca Raton FL 33496			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Brian Battaglia DATE: 4/22/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Brian Battaglia DAYTIME PHONE #: 561-496-0710

CR2E037 (11/98)