


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 045 ****61.25

DOCUMENT # N09282 1. Entity Name VILLAGE OF HORSESHOE ACRES, INC.					
Principal Place of Business 6700 N.W. BROKEN SOUND PARKWAY #203 BOCA RATON, FL 33487 US			Mailing Address 6700 N.W. BROKEN SOUND PARKWAY #203 BOCA RATON, FL 33487 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City & State		City & State		4. FEI Number 59-2508240	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BISHOP, THERESA C 6700 BROKEN SOUND PKWY 203 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
D GOLDMAN, KERRY 17688 WAGON WHEEL DRIVE BOCA RATON, FL 33496		<input checked="" type="checkbox"/> Delete			
P PETRACCO, KATHLEEN 8187 STAGECOACH LANE BOCA RATON, FL 33496		<input type="checkbox"/> Delete			
TD ROSENBERG, MARIE 8186 BRIDLEPATH LANE BOCA RATON, FL 33496		<input checked="" type="checkbox"/> Delete			
D BONGERS, OLIVIA 8234 STARGECOSACH LANE BOCA RATON, FL 33496		<input type="checkbox"/> Delete			
VP PELIO, ROBERT 8415 BRIDLEPATH BOCA RATON, FL 33496		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T WRIGHT, BROOKE 17770 WAGON WHEEL DRIVE BOCA RATON, FL 33496		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
S BENES, TAMMY 17755 WAGON WHEEL DRIVE BOCA RATON, FL 33496		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <i>Kathleen D. Petracco</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>2/24/05</i> Daytime Phone #					