


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90016 035 ****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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 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 _____ FL Zip Code _____ | | |
| 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) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WRIGHT, BROOKE | | NAME | BATTAGLIA BRIAN | |
| STREET ADDRESS | 17770 WAGON WHEEL DRIVE | | STREET ADDRESS | 8233 STAGECOACH LANE | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | PETRACCO, KATHLEEN | | NAME | BAUM LAURA | |
| STREET ADDRESS | 8187 STAGECOACH LANE | | STREET ADDRESS | 8346 STAGECOACH LANE | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BENES, TAMMY | | NAME | BENES TAMMY | |
| STREET ADDRESS | 17754 WAGON WHEEL DRIVE | | STREET ADDRESS | 17754 WAGON WHEEL DRIVE | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BONGERS, OLIVIA | | NAME | MEERMAN, JIM | |
| STREET ADDRESS | 8234 STARGECOSACH LANE | | STREET ADDRESS | 8002 BRIDLEPATH | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | PELIO, ROBERT | | NAME | ROSENBERG, MARIL | |
| STREET ADDRESS | 8415 BRIDLEPATH | | STREET ADDRESS | 8415 BRIDLEPATH | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>3/22/05</u> Daytime Phone # _____ | | |

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