## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2006 8:00 am Secretary of State

DOCUMENT # N09282  1. Entity Name VILLAGE OF HORSESHOE ACRES, INC.			0	3-03-2006 90110 030	
Principal Place of Business 6700 N.W BROKEN SOUND PARKWAY #203 BOCA RATON, FL 33487 US  Mailing Address 6700 N.W BROKEN SOUN #203 #203 BOCA RATON, FL 33487					
2. Principal Place of Business 3. Mailing Address					HAU CLANIA! EL 1831
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		J-NP CR2E037 (11	//05)
City & State	State City & State		4. FEI Number 59-2508240	)	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Stat		5 Additional tequired
BISHOP, THERESA C 6700 BROKEN SOUND PKWY 203 BOCA RATON, FL 33487  Street Admensa City City City City City City City City			TERES	PL 2	15°0%33
8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered age	nx and tree reposition. (NOT	E: Registered Agent argneture requi		3/1/ DATE Make check pay	66 able to
Due by May 1, 2006  10. OFFICERS AND D	Due by May 1, 2006 Trust Fund Co OFFICERS AND DIRECTORS		Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME BATTAGLIA, BRIAN STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496	☐ Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Abbinonsychianac		hange Addition
NAME BAUM, LAURA STREET ADDRESS 8346 STAGECOACH DR	Delete	TITLE NAME STREET ADDRESS			hange 🔲 Addition
CITY-ST-ZIP BOCA RATON, FL 33496  TITLE S NAME BENES, TAMMY STREET ADDRESS 177554 WAGON WHEEL DRIV CITY-ST-ZIP BOCA RATON, FL 33496	LA Belete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			trange Addition
TITLE D  NAME MERMAN, JIM  STREET ADDRESS 8232 BRIDLE PATH  CITY-ST-ZIP BOCA RATON, FL 33496	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			hange Addition
TITLE VP NAME ROSENBERG, MARAC STREET ADDRESS 8186 BRIDLE PATH CITY-ST-ZP BOCA RATON, FL 33498	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			thange Addition
THE TOON PHYLLIS STREET ADDRESS CITY-ST-ZIP BOOK RATION FL	U Delete HEEL DAWAS 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP			hange Addition
12. I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address.  SIGNATURE:	is true and accurate and that report	ny signature shall have th as required by Chapter 6	ne same legal effect as if	made under oath: that I am an	officer or director.