


FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90040 021 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13037					
1. Entity Name HORSESHOE LAKE ASSOCIATION, INC.					
Principal Place of Business MARIE KELLAM 113 SHADOW LANE LAKELAND, FL 33813 US			Mailing Address MARIE KELLAM 113 SHADOW LANE LAKELAND, FL 33813 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2955883	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KELLAM, MARIE 113 SHADOW LANE LAKELAND, FL 33813			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		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	PRES	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLAM, MARIE			NAME	
STREET ADDRESS	113 SHADOW LANE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	
TITLE	VICE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, JOHN			NAME	
STREET ADDRESS	89 WOODSIDE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	
TITLE	SEC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, DENISE			NAME	
STREET ADDRESS	6639 CRESCENT DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	
TITLE	TREA	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUITT, RUTH M			NAME	TREASURER
STREET ADDRESS	83 WOODSIDE DRIVE			STREET ADDRESS	SCOTT, JOHN E.
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	6647 CRESCENT LAKE DRIVE
TITLE		<input type="checkbox"/> Delete		TITLE	LAKELAND, FL 33813
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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	

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01202008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *John E. Scott* JOHN E. SCOTT 01/21/08 863-644-9644
 TREASURER