

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002933

1. Entity Name

THE HORSESHOE CANAL HOMEOWNERS' ASSOCIATION, INC

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90020 003 ****70.00

Principal Place of Business

Mailing Address

2201 WINDJAMMER DR.
LYNN HAVEN FL 32444

2103 WINDJAMMER DR.
LYNN HAVEN FL 32444

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 59-3505459

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, ROBERT B
2103 WINDJAMMER DR.
LYNN HAVEN FL 32444

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JUNGEMAN, QUINTIN	
STREET ADDRESS	2105 CORAL AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, CHARLES	
STREET ADDRESS	2201 WINDJAMMER DR.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILES, ROBERT	
STREET ADDRESS	2103 WINDJAMMER DR.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Robert B. Miles ROBERT B. MILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

Date

850-785-0261

Daytime Phone #

CR2E037 (9/01)