

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002933

FILED
Apr 02, 2006
Secretary of State

Entity Name: THE HORSESHOE CANAL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2103 WINDJAMMER DR.
LYNN HAVEN, FL 32444

New Principal Place of Business:

2205 CORAL DR
LYNN HAVEN, FL 32444

Current Mailing Address:

2103 WINDJAMMER DR.
LYNN HAVEN, FL 32444

New Mailing Address:

2205 CORAL DR
LYNN HAVEN, FL 32444

FEI Number: 59-3505459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRLLER, RUDOLPH S
2205 CORAL DR
LYNN HAVEN, FL 32444 US

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: RUDOLPH S GRLLER

04/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JUNGEMAN, QUINTIN
Address: 2105 CORAL AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: GARDNER, CHARLES
Address: 2201 WINDJAMMER DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MILES, ROBERT
Address: 2103 WINDJAMMER DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GELLER, RUDOLPH S
Address: 2205 CORAL AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: V (X) Change () Addition
Name: SKIPPER, DAN
Address: 2004 N HARBOUR DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: S (X) Change () Addition
Name: GELLER, KATHY
Address: 2205 CORAL DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Change (X) Addition
Name: KAUFFMAN, SAMUEL A
Address: 2206 N HARBOUR DR
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL A KAUFFMAN

T

04/02/2006

Electronic Signature of Signing Officer or Director

Date