

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003247

1. Entity Name
HORTON PLACE OWNERS ASSOCIATION INC.



Principal Place of Business
**310 COLLEGE DRIVE
ORANGE PARK, FL 32065**

Mailing Address
**310 COLLEGE DRIVE
ORANGE PARK, FL 32065**



01112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3518465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINTON, JAMES E
170-H COLLEGE DRIVE
ORANGE PARK, FL 32065**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINTON, JAMES E
923 AUTHOR MOORE DR.
GREEN COVE SPRINGS, FL 32043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WARD, KEITH R
2741 NAVAJO RD
ORANGE PARK, FL 32065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAY, SHARON L
5591 DIANTHUS ST
GREEN COVE SPRINGS, FL 32043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

000000225763
02/11/05-80051-011 61.25

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:

Keith R. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH R. WARD, PRESIDENT

2/8/05
Date

(904) 272-4792
Daytime Phone #