

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004710

Entity Name: HORSESHOE COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**502 MAIN STREET
HORSESHOE BEACH, FL 32648**Current Mailing Address:**SMART CHOICE REALTY AND MANAGEMENT, INC
14260 W NEWBERRY ROAD #192
NEWBERRY, FL 32669 US**FEI Number:** 20-2337814**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMART CHOICE REALTY AND MANAGEMENT, INC
SMART CHOICE REALTY AND MANAGEMENT, INC
14260 W NEWBERRY ROAD #192
NEWBERRY, FL 32669 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:** LORETTA CAMFFERMAN

05/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P, D
Name	BLAIR, ARMON
Address	14260 W NEWBERRY ROAD #192
City-State-Zip:	NEWBERRY FL 32669

Title	VP, D
Name	RENNER, RUSSELL
Address	14260 W NEWBERRY ROAD #192
City-State-Zip:	NEWBERRY FL 32669

Title	T, S, D
Name	REMBERT, JONATHAN
Address	14260 W NEWBERRY ROAD #192
City-State-Zip:	NEWBERRY FL 32669

Title	D
Name	HAYGOOD, PAT
Address	14260 W NEWBERRY ROAD #192
City-State-Zip:	NEWBERRY FL 32669

Title	D
Name	MOORE, GLENN
Address	14260 W NEWBERRY ROAD #192
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR
Name	WILLIAMS, JAMES
Address	14260 W NEWBERRY ROAD #192
City-State-Zip:	NEWBERRY FL 32669

I hereby 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 all other like empowered.

SIGNATURE: ARMON BLAIR

PRES

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date