above, or on an attachment with all other like empowered. Ρ 04/21/2022

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N06000005796

Entity Name: HORSESHOE VILLAGE CONDOMINIUM ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC 4099 TAMIAMI TRAIL N. SUITE 403 NAPLES, FL 34103

Current Mailing Address:

C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC 4099 TAMIAMI TRAIL N. SUITE 403 NAPLES, FL 34103 US

FEI Number: 20-4972195

Name and Address of Current Registered Agent:

GOLDEN PROPERTY MANAGEMENT SERVICES, LLC C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC 4099 TAMIAMI TRAIL N. SUITE 403 NAPLES, FL 34103 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: JESSICA MACERA

Electronic Signature of Registered Agent

Officer/Director Detail :

٦	Title	Ρ	Title	VP
١	Name	JASINSKI, KRISTEN	Name	BROWN, MATTHEW
/	Address	C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC 4099 TAMIAMI TRAIL N. SUITE 403	Address	C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC 4099 TAMIAMI TRAIL N. SUITE 403
(City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
٦	Title	SECRETARY, TREASURER		
1	Name	FREEMAN, MEADE		
4	Address	C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC 4099 TAMIAMI TRAIL N. SUITE 403		
(City-State-Zip:	NAPLES FL 34103		

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

SIGNATURE: KRISTEN JASINSKI

04/21/2022

Date

FILED Apr 21, 2022 Secretary of State 5617849754CC

Certificate of Status Desired: No

Date