

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770793

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** HORIZON SOUTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17462 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

17462 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 59-2335100      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SLOAN, TIMOTHY J  
427 MCKENZIE AVENUE  
PANAMA CITY, FL 32401      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VPD  
**Name:** WHEELER, KERRY  
**Address:** 1125 SLINGLUFF LANE  
**City-St-Zip:** NEW WINDSOR, MD 21776

**Title:** PD  
**Name:** TRAVIS, STEVE  
**Address:** 12903 STATE HWY N  
**City-St-Zip:** BOURBON, MO 65441

**Title:** SD  
**Name:** REED, VELLANEA  
**Address:** P.O. BOX 493  
**City-St-Zip:** MCCAYSVILLE, GA 30555

**Title:** D  
**Name:** AUTREY, PHIL  
**Address:** 416 CANDLER ST  
**City-St-Zip:** ATLANTA, GA 30307

**Title:** TD  
**Name:** TRAWICK, HERSHEL  
**Address:** 599 INMAN ROAD  
**City-St-Zip:** HAMPTON, GA 30228

**Title:** D  
**Name:** FINLEY, MILTON  
**Address:** 1393 BENBROOKE LANE  
**City-St-Zip:** ACWORTH, GA 30101

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: STEVE TRAVIS

PD

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date