



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N04000005048</b> 1. Entity Name HOMEOWNERS OF HORIZON VILLAGE, INC.					
Principal Place of Business 311 DAWN DRIVE N. FT. MYERS, FL 33903			Mailing Address 311 DAWN DRIVE N. FT. MYERS, FL 33903		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			06272005 Chg-NP CR2E037 (10/03)		
			4. FEI Number <b>20-2839140</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  COLLING, LEE JAY 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILOWSKI, RAYMOND 311 DAWN DRIVE FT. MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEENE, MILT 631 DAWN DRIVE N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCOY, KATIE 395 HORIZON DR. N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILSON, DON 528 SUNSHINE AVE. N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>500057666185</b>  <b>07/19/05--01046--007 **61.25</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKER, DON 355 HORIZON DR. N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSSENBECK, VICKI 390 HORIZON DR. N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Don Gilson</i> <b>DON GILSON - TREASURER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>7-2-05</b> <b>(239) 997-1302</b> <small>Date Daytime Phone #</small>	

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	<b>EIN</b> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> <b>20-2839140</b> </div> OMB No. 1545-0003
<b>1* Legal name of entity (or individual) for whom the EIN is being requested</b> HOMEOWNERS OF HORIZON VILLAGE INC		
<b>2 Trade name of business (if different from name on line 1)</b>		<b>3 Executor, trustee, "care of" name</b>
<b>4a* Mailing address (room, apt., suite no. and street, or P.O. box)</b> 311 DAWN DRIVE		<b>5a Street address (if different) (Do not enter a P.O. box)</b>
<b>4b* City, state, and ZIP code</b> N FT MYERS FL 33903		<b>5b City, state, and ZIP code</b>
<b>6* County and state where principal business is located</b> County LEE State FL		
<b>7a* Name of principal officer, general partner, grantor, owner, or trustee</b> RAYMOND BICKOWSKI		<b>7b* SSN, ITIN, EIN</b> 367-28-9986
<b>8a* Type of entity (check only one)</b> <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 990-EZ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Estate (SSN of decedent)  <input type="checkbox"/> Plan administrator (SSN)  <input type="checkbox"/> Trust (SSN of grantor)  <input type="checkbox"/> National Guard  <input type="checkbox"/> Farmers' cooperative  <input type="checkbox"/> REMIC  <input type="checkbox"/> Group Exemption NO. (GEN) ▶         </div> <div> <input type="checkbox"/> State/local government  <input type="checkbox"/> Federal government/military  <input type="checkbox"/> Indian tribal government/enterprises         </div> </div>		
<b>8b* If a corporation, name the state or foreign country (if applicable) where incorporated</b>		<b>State</b> FL  <b>Foreign country</b>
<b>9* Reason for applying (check only one)</b> <input checked="" type="checkbox"/> Started new business (specify type) ▶ HOMEOWNERS ASSOC <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Banking purpose (specify purpose) ▶  <input type="checkbox"/> Changed type of organization (specify new type) ▶  <input type="checkbox"/> Purchased going business  <input type="checkbox"/> Created a trust (specify type) ▶  <input type="checkbox"/> Created a pension plan (specify type) ▶         </div> </div>		
<b>10* Date business started or acquired (month, day, year)</b> JAN 1 2005		<b>11* Closing month of accounting year</b> SEP
<b>12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</b> ▶		
<b>13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" .....</b> ▶		<div style="display: flex; justify-content: space-between;"> <div> <b>Agriculture</b>          0       </div> <div> <b>Household</b>          0       </div> <div> <b>Other</b>          0       </div> </div>
<b>14* Check box that best describes the principal activity of your business</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Construction  <input type="checkbox"/> Rental &amp; leasing  <input type="checkbox"/> Real estate  <input checked="" type="checkbox"/> Other (specify) Represents homeowners         </div> <div> <input type="checkbox"/> Transportation &amp; warehousing  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Finance &amp; insurance         </div> <div> <input type="checkbox"/> Health care &amp; social assistance  <input type="checkbox"/> Accommodation &amp; food service  <input type="checkbox"/> Retail         </div> <div> <input type="checkbox"/> Wholesale-agent/broker  <input type="checkbox"/> Wholesale-other         </div> </div>		
<b>15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.</b> Represents homeowners of Mobile home rental park		
<b>16a* Has the applicant ever applied for an employer identification number for this or any other business? .....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note If "Yes" please complete lines 16b and 16c		
<b>16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.</b> Legal name ▶ Trade name ▶		
<b>16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.</b> Approximate date when filed (month, day, year)      City and state where filed      Previous EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
<b>Third Party Designee</b>	<b>Designee's name</b>	
	<b>Designee's telephone number (include area code)</b> ( ) - <b>Designee's fax number (include area code)</b> ( ) -	
<b>Address and ZIP code</b>		<b>Applicant's telephone number (include area code)</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		

**HOMEOWNERS OF HORIZON VILLAGE, INC.**  
**311 DAWN DRIVE**  
**N. FT. MYERS, FL 33903**

JUNE 27, 2005

ENCLOSED IS AN AMENDED ANNUAL REPORT FORM FOR 2005. WHEN I SENT THE ORIGINAL FORM, I HAD INADVERTENTLY ENTERED THE WRONG FEI NUMBER. THE CORRECT ONE IS, **202839140**. ATTACHED IS THE SS-4 THAT SHOWS THIS NUMBER.

IF THERE SHOULD BE ANY QUESTION, I CAN BE REACHED BY E-MAIL AT **DGIL2831@aol.com**. OR TELEPHONE # 239-997-1302.

ENCLOSED IS A CHECK IN THE AMOUNT OF \$61.25.

THANK YOU

  
DONALD GILSON (treasurer)