


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90004 005 ****61.25

DOCUMENT # N05845 1. Entity Name HORIZON MOBILE HOME OWNERS, INC.					
Principal Place of Business 390 HORIZON DR HORIZON VILLAGE N FT MYERS, FL 33903 US			Mailing Address PO BOX 3768 N. FORT MYERS, FL 33918 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2492036	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHUNINGHAKE, CHARLIE 390 HORIZON DR HORIZON VILLAGE NO FT MYERS, FL 33903			7. Name and Address of New Registered Agent Name <u>BECKER, ROY</u> Street Address (P.O. Box Number is Not Acceptable) <u>502 MISTY LANE</u> <u>HORIZON VILLAGE</u> City <u>NO. FORT MYERS</u> <u>FL</u> Zip Code <u>33903</u>		
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 <u>ROY BECKER</u> <i>Roy Becker</i> <u>1/28/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNINGHAKE, CHARLIE 390 HORIZON DR NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKER, ROY 502 MISTY LANE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKER, ROY 502 MISTY LANE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSSENBECK, VICKY 390 HORIZON DRIVE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DION, MARY 514 HORIZON DR NORTH FORT 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	S RIVERO, JANET 191 SUN DRIVE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHREIBER, MILLIE 84 SUNRISE AVE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENIS, JENNIE 328 SUNSHINE AVE NORTH FORT 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 PAUL, JUDY 356 SUNSHINE AVE NORTH FORT 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 exemptions contained in Chapter 119, 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: <u>MARY C DION</u> <i>Mary C Dion</i> <u>1/28/06</u> <u>239-656-3857</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60011172



01212006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHUNINGHAKE, CHARLIE
390 HORIZON DR
HORIZON VILLAGE
NO FT MYERS, FL 33903

Name BECKER, ROY
Street Address (P.O. Box Number is Not Acceptable) 502 MISTY LANE
HORIZON VILLAGE
City NO. FORT MYERS FL Zip Code 33903

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 ROY BECKER *Roy Becker* 1/28/06
(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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HUNINGHAKE, CHARLIE
390 HORIZON DR
NORTH FORT MYERS, FL 33903
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BECKER, ROY
502 MISTY LANE
NORTH FORT MYERS, FL 33903
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BECKER, ROY
502 MISTY LANE
NORTH FORT MYERS, FL 33903
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
OSSENBECK, VICKY
390 HORIZON DRIVE
NORTH FORT MYERS, FL 33903
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DION, MARY
514 HORIZON DR
NORTH FORT MYERS, FL 33903
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RIVERO, JANET
191 SUN DRIVE
NORTH FORT MYERS, FL 33903
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCHREIBER, MILLIE
84 SUNRISE AVE
NORTH FORT MYERS, FL 33903
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GENIS, JENNIE
328 SUNSHINE AVE
NORTH FORT MYERS, FL 33903
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUL, JUDY
356 SUNSHINE AVE
NORTH FORT MYERS, FL 33903
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MARY C DION *Mary C Dion* 1/28/06 239-656-3857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60011172
#N05845

ATTACHMENT BLOCK 10 & 11

10 OFFICERS & DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GILSON, DONALD
528 SUNSHINE AVE.
NO. FORT MYERS, FL. 33903

D
MAROON, PAUL
450 RAINBOW DRIVE
NO. FORT MYERS, FL. 33903

D
AMBROSE, DONNA
389 HORIZON DRIVE
NO. FORT MYERS, FL. 33903

D
BROWER, NANCY
332 SUNSHINE AVE.
NO. FORT MYERS, FL. 33903

D
KANTARZE, DOROTHY
314 SUNSHINE AVE.
NO. FORT MYERS, FL. 33903

11 CHANGES TO DIRECTORS

D X CHANGE
TINKHAM, JULIA
391 HORIZON DRIVE
NO. FORT MYERS, FL. 33903