

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90387 007 \*\*\*\*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

502 MISTY LN  
NORTH FORT MYERS FL 33903  
US



2. Principal Place of Business - No P.O. Box #

PO Box 3763

3. Mailing Address

PO Box 3763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

N. Ft. Myers FL

City & State

N. Ft. Myers FL

4. FEI Number

59-2492036

Applied For

Not Applicable

Zip

33918

Country

Lee

Zip

33918

Country

Lee

5. Certificate of Status Desired ☐

\$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 Roy Becker

Street Address (P.O. Box Number is Not Acceptable)

502 MISTY LN.

N. Fort Myers FL

City

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

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2007**

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

TITLE V ☐ Delete  
NAME OSSENBECK, VICKY  
STREET ADDRESS 390 HORIZON DR  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

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

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

TITLE S ☐ Delete  
NAME SCHEIBER, MILLIE  
STREET ADDRESS 84 SUNRISE AVE  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE RD ☒ Change ☐ Addition  
NAME Robert Bihary  
STREET ADDRESS 595 Sunshine Ln  
CITY-ST-ZIP N. Ft Myers FL 33903

TITLE S ☒ Change ☐ Addition  
NAME Dolores Kuivenhoven  
STREET ADDRESS 564 Horizon Dr  
CITY-ST-ZIP N. Ft. Myers FL 33903

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07 239-652-1295