## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05845

FILED Jan 28, 2009 Secretary of State

Entity Name: HORIZON MOBILE HOME OWNERS, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 3768 595 SUNSHINE LN

NORTH FORT MYERS, FL 33918 US NORTH FORT MYERS, FL 33918 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3768

NORTH FORT MYERS, FL 33918 US

FEI Number: 59-2492036 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BECKER, ROY

BIHARY, ROBERT

502 MISTY LN.

595 SUNSHINE LN.

NORTH FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 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: ROBERT BIHARY 01/28/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: V ( ) Delete Title: P (X) Change( ) Addition

Name:OSSENBECK, VICKYName:OSSENBECK, VICKYAddress:390 HORIZON DRAddress:390 HORIZON DR

City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: P ( ) Delete Title: V (X) Change ( ) Addition Name: BECKER, ROY Name: GILSON, DON

Address: 502 MISTY LANE Address: 528 SUNSHINE AVE

City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete Title: () Change () Addition

 Name:
 BIHARY, ROBERT
 Name:

 Address:
 595 SUNSHINE LN
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: KAIUPNHOVEN, DOLORES Name: STINNETT, TRISH

Address: 564 HORIZON DR Address: 444 HORIZEN DR

City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GENIS, JENNIE
 Name:

 Address:
 328 SUNSHINE AVE
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PAUL, JUDY
 Name:

 Address:
 356 SUNSHINE AVE
 Address:

City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT BIHARY TR 01/28/2009

Electronic Signature of Signing Officer or Director

Date