


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90016 046 ****61.25

DOCUMENT # N06000002273 1. Entity Name HORIZON VILLAGE ASSOCIATION, INC.					
Principal Place of Business 1375 JACKSON STREET SUITE 303 FORT MYERS, FL 33901 US			Mailing Address 1375 JACKSON STREET SUITE 303 FORT MYERS, FL 33901 US		
2. Principal Place of Business - No P.O. Box # 9200-Littleton Rd		3. Mailing Address 9200-Littleton Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number 01-0858532	
Zip 33903		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUCKOLLS, HUGH P ESQ. 1375 JACKSON STREET SUITE 303 FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP MURPHY, JOHN 221 RAINBOW DRIVE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gary Julson 552-Sunrise Ave. North Ft. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DV JULSON, GARY 552 SUNRISE AVENUE NORTH FORT MYERS, FL 33903		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS HUNINGHAKE, CHARLES 390 HORIZON DRIVE NORTH FORT MYERS, FL 33903		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT HUNINGHAKE, CHARLES 390 HORIZON DRIVE NORTH FORT MYERS, FL 33903		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MAWEE, WILLIAM 90 SUNRISE AVENUE NORTH FORT MYERS, FL 33903		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ST. AMOUR, FRED 78 SUNSHINE LANE NORTH FORT MYERS, FL 33903		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS Sherry Connolly 491-Horizon Dr. N. Ft Myers, FL 33903		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Robert Wilcox 90-Sunrise Ave. N. Ft Myers, FL 33903		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ST. AMOUR, FRED 78 SUNSHINE LANE NORTH FORT MYERS, FL 33903		<input checked="" type="checkbox"/> Delete	
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>Gary L. Julson Pres.</u> <u>Gary L. Julson</u> <u>2-15-08</u> <u>239-995-0938</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					