

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08693

(6)

1. Corporation Name

HORIZON SPRINKLER ASSOCIATION, INC.



Principal Place of Business

5318 - 38TH AVE., W.
C/O GLORIA LEE
BRADENTON FL 34209
US

Mailing Address

P. O. BOX 7352
C/O GLORIA LEE
BRADENTON FL 34210
US

3. Date Incorporated or Qualified
04/12/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 5316 38th AVE W

2a. Mailing Address

26 P.O. Box 7352

22 Suite, Apt. #, etc.

22 C/O NEIL BESOUGLOFF

27 Suite, Apt. #, etc.

27 C/O NEIL BESOUGLOFF

23 City & State

23 Bradenton, FL

28 City & State

28 Bradenton, FL

24 Zip

24 34209

25 Country

25 USA

29 Zip

29 34210

30 Country

30 USA

4. FEI Number

59-2615579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

LEE, GLORIA J.
5318 38TH AVE. WEST
HORIZON SPRINKLER ASSN., INC.
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

81 NEIL BESOUGLOFF

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

82 5316 38th AVE WEST

83 Horizon Sprinkler Assn, Inc.

84 City Bradenton

FL

85 Zip Code 34209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Neil Besougloff
Signature, typed or printed name of registered agent and title, if applicable.

NEIL BESOUGLOFF President/Treasurer 4/16/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, MICHAEL	
STREET ADDRESS	5318 38TH AVE W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, GLORIA	
STREET ADDRESS	5318 38TH AVE W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, CORINNE	
STREET ADDRESS	5109 37TH AVE CR. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEHAN, MORGAN	
STREET ADDRESS	5301 37TH AVE CR W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BESOUGLOFF, NEIL	
STREET ADDRESS	5316 38TH AVE W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREA BESOUGLOFF	
1.3 STREET ADDRESS	5316 38th AVE W	
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Anthony Siemionko	
2.3 STREET ADDRESS	5302 36th AVE CR W	
2.4 CITY-ST-ZIP	Bradenton, FL 34209	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Neil Besougloff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

941-794-5410

DATE

Daytime Phone #

CR2E037 (12/95)