FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90016 020 ****61.25

DOCUMENT # N08693 1. Corporation Name

HORIZON SPRINKLER ASSOCIATION, I	INU	i. IN	IUN	ш	Α	٠Ì	ι	U	d	5.	A:	۲H	L	ĸ	Ν	H	۲	۲	্ঠ	N	١.	lΖ	н	U	н
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Principal Place	e of Business	Mailing Address				1				
5318 38TH #.VI	E W	P.O BOX 7352				1 11111	iai a in aoi an (aut a a itha i	ala 1 111 11 1 11 a 1	H ana n anan ana	
C/O DANA RE		C/O DANA REESE								
BRADENTON F	FL 34209	BRADENTON FL 34210				1 1541	191 OLE DOLOT (BEICH BERLOT	U U 141 1511 10	IA BABA DIBA BAD	
US		US				ļ				
		T								
2. Principal P	lace of Business	2a. Mailing Address					orporated or Qualife	ea		
21		26				04/12/			 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Num			— — — —	olied For
22		27				<u>59-261</u>	<u> </u>			Applicable
City & Stat	e	City & State				5. Certifcate	of Status Desired		\$8.75 A	
23		28							Fee Re	
Zip	Country	Zip	Coun	ntry		l l	Campaign Financin	¹⁹ \square	\$5.00	- 1
24	25		10				nd Contribution	 _	Added to	Fees
	9. Name and Address of Curren	t Registered Agent				10. Name ar	nd Address of Nev	w Registere 1	Agent	
				81	Name					,
REESE, D.	ANA		-	82	Street	Address (P.O. Box N	lumber is Not Acce	ptable)		
	H AVE. WEST		- 1	_	0001	, 1031000 (r .e. een /		, ,		
	SPRINKLER ASSN., INC.			83						
									1	
BHADENI	ON FL 34209		ľ	84	City			FL	85 Zip C	ode
11 Durque at	to the provisions of Sections 617.050	2 and 617 1508 Florida Statu es	the ah	OVA-	hamen-	corporation submits	this statement for t		changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	horized	by t	he corpo	oration's board of cir-	ectors. I hereby ac	cept the appoi	ntment as reg	jistered
SIGNATURE										-
	Signature, typed or printed name of registered ager		13.	Agent	signature r	equired when reinstating)	IS/CHANGES TO	DATE	ID DIRECTO	S IN 12
12.	***************************************	DELETE ☐ DELETE	1,1 TITL			ADDITION	S/CHANGES TO	JITICENS / (I	Change	Addition
TITLE	PTD	□ OLLETE							[] Ondrigo	
NAME	reese, dana		1.2 NA							
STREET ADDRESS	5318 38TH AVE W		1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	BRADENTON FL		1.4 CIT	Y-ST-	ZIP	<u></u>				T A Lists
TITLE	VD	☐ DELETE	2.1 TITI	L£					Change	Addition
NAME	ANTHONY SIEMIONKO		2.2 NAM	ΜE						
STREET ADDRESS	5302 36TH AVE CR W		2.3 STF	REET	ADDRESS					
CITY-ST-ZIP	BRADENTON FL		2.4 CIT	ry-st	- ZIP					
TITLE	D	☐ DELETE	3.1 TITL	LE					☐ Change	☐ Addition
NAME	MEYER, CORINNE		3.2 NA	ME						
STREET ADDRESS	maaaa a <u>i</u> aa aa a aa		3.3 STF	REET	ADDRESS					
CITY-ST-ZIP	BRADENTON FL		3 4. CIT	ry, st	-7IP					
TITLE	D	☐ DELETE	4.1 TITL						☐ Change	☐ Addition
NAME	SHEEHAN, MORGAN		4. 2 NA		į	1			•	
					*DDDE00					
STREET ADDRESS			1		ADDRESS					Ì
CITY-ST-ZIP	BRADENTON FL	[] pc) sts	4.4 CIT		ZIP	<u> </u>			Change	Addition
TITLE		☐ DELETE	5.1 TITL						Change	☐ Addition
NAME			5.2 NAM							ľ
STREET ADDRESS					ADDRESS	1				
CITY-ST-ZIP			54 CIT		ZIP					
TITLE		☐ DELETE	6.1 TITL						Change	Addition
NAME			6.2 NAM	ME						
STREET ADDRESS			6.3 STF	REET	ADDRESS					
CITY ST. 7ID			6.4 CIT	Y-ST-	ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual reportor 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 comporation or the receiver of trystee 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, with all other like empowered.

SIGNATURE: