FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15543 (4)

1. Corporation Name
HORIZON VILLAGE, INC.

Principal Place of Business	Mailing Address
9200 LITTLETON RD LOT ~~404~~ 505 NORTH FORT MYERS FL 33903 US	~~% FRANK FISHER~~ ~~9200 LITTLETON RD #404~~ ~~NORTH FORT MYERS FL 33903~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1986
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2738977 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21 9200 LITTLETON RD	2a. Mailing Address	26 FRANK SHAW
Suite, Apt. #, etc.	22 # 505	Suite, Apt. #, etc.	27 505 MISTY LN
City & State	23 North Fort Myers FL	City & State	28 No. Ft Myers
Zip / Country	24 33903 / 25 LEE	Zip / Country	29 33903 / 30 LEE

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURANDT, ROBERT 1714 CAPE CORAL PKWY CAPE CORAL FL 33910	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~ [redacted]	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	ST.ONGE, ROY	1.2 NAME	F. NEAL WISE	
STREET ADDRESS	~~9200 LITTLETON RD #366~~ 336 HORIZON DR	1.3 STREET ADDRESS	274 LAKESIDE DR	
CITY-ST-ZIP	N FT MYERS FL 33903	1.4 CITY-ST-ZIP	No FT MYERS FL 33903	
TITLE	TD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MONROE, JOHN	2.2 NAME	WILLIAM GAY	
STREET ADDRESS	~~9200 LITTLETON RD #429~~ 429 HORIZON DR	2.3 STREET ADDRESS	515 HORIZON DR	
CITY-ST-ZIP	N FT MYERS FL 33903	2.4 CITY-ST-ZIP	No FT MYERS FL 33903	
TITLE	D	3.1 TITLE	D	☐ Change ☐ Addition
NAME	NOREN, BOB	3.2 NAME	HENRY UBERECKEN	
STREET ADDRESS	~~9200 LITTLETON RD #610~~ 610 SUNSET LN	3.3 STREET ADDRESS	345 HORIZON BLVD	
CITY-ST-ZIP	N FT MYERS FL 33903	3.4 CITY-ST-ZIP	No FT MYERS FL 33903	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BRUST, AL DECEASED	4.2 NAME	HOWARD McDONALD	
STREET ADDRESS	9200 LITTLETON RD #398	4.3 STREET ADDRESS	174 LAKESIDE DR	
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	No FT MYERS FL 33903	
TITLE	PD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	FISHER, FRANK TERM ENDED	5.2 NAME	FRANK SHAW	
STREET ADDRESS	9,200 LITTLETON RD #484	5.3 STREET ADDRESS	505 MISTY LN	
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	No FT MYERS FL 33903	
TITLE	~~SD~~ [redacted]	6.1 TITLE		☐ Change ☐ Addition
NAME	PACI, JOE	6.2 NAME		
STREET ADDRESS	~~9200 LITTLETON RD #55~~ 55 SUNSET CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	NO FT MYERS FL 33903	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)(i), 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 the 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: Frank Shaw Feb 24, 1995 (813) 995-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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