FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

N15543

(4)

Mailing Address

DOCUMENT # N 1. Corporation Name HORIZON VILLAGE, INC. FILED Mar 15, 1996 08:00 AM Secretary of State



9200 LITTELTON RD LOT #565 /3-7 NORTH FORT MYERS FL 33903 US				%SHAW. FRANK SOG MISTY LAME NORTH FORT MYERS FL 33903 US					Date Incorporated or Qualific	ed 3	a. Date of Last		
									06/23/1986		03/02/1	995	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For	
21				26 FRANK SMITH					59-2738977			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27 137 LAKESIDE C.IR.					5. Certificate of Status Desired			5 Additional Required	
Oity & State				City & State 28 N. FORT MYERS, FO				٤.	Election Campaign Financing Trust Fund Contribution	9 🗆		May Be	
Zip	Country			Zip Cou			/		8. This corporation has liability for intangible tax under s. 199.032,				
24	25					EE		Florida Statutes		s 🗌 No			
	9. Name and	Regis	gistered Agent					10. Name and Address of New Registered Agent					
						81	Name						
Burandt, Robert						82	Street A	Apdress	s (P.O. Box Number is Not Accer	otable)			
1714 CA		St Cot / I.X.II C.					,						
CAPE CORAL FL 33910													
					84	City				Iail >	- 0		
							- 7					p Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere							nt signature re	equired wh	ne reinstaling)	D/	ATE		
12.		OFFICERS AND [DIREC			13.			ADDITIONS/CHANGES TO C	DEFICERS	AND DIRECTO	DRS IN/12	
TITLE	D			⊡ DETE1E		1.1 TITLE		P	0		Change	✓ Addition	
NAME	ST.ONGE, RO					1.2 NAME		1-1	RANK SMITH				
STREET ADDRESS 336 HORIZON DR				1.3 STRE			ADDRESS	13	RANK EMITH 37 LAKESIDE CIR. FORT MYERS, FL. 33903 10 Change Maddition				
CITY-ST-ZIP	N FT MYERS	1.4			1.4 CITY-5	ST-ZIP	N. FORT MYERS, FL. 339			903			
TITLE	TD			DELETE		21 TITLE		VI	0	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	MONROE, JO			2.2 NAME				131	PILL DETWEILER				
STREET ADDRESS				23:			F ADDRESS	512 HORIZON DR.					
CITY-ST-ZIP	n ft myers	FL				2 4 CHTY-	ST - ZIP	Ñ.	FORT MYERS	S F	L. 339	903	
TITLE	D			DELETE		31 TOTLE		一 ア	110		☐ Change	Addition	
NAME	NOREN, BO			32			32 NAME 22		ミドド 5プロレブ				
STREET ADDRESS				3			3.3 STREET ADDRESS		57 RAWBON	・ユフィ	₹.	İ	
CITY - ST - ZIP	N FT MYERS	FL				3.4. C(TY-	ST-ZIP	N.	FORT MYERS	5, F.	L. 33	903	
TITLE	SD			DELETE		4.1 TITLE		0			☐ Change	Addition	
NAME	WISE, F. NE/	= -				4. 2 NAME	Ì	FI	CANK SHAW				
STREET ADDRESS	274 LAKESID					4.3 STREET	ADDRESS	50	CANY SHAW	ANE	•		
CITY - ST - ZIP	N FT MYERS	FL				4.4 CITY-S	ST-ZIP	N.	FORT MYENS	5. F.	Z. 33	903	
TITLE	0/5			DELETE		5.1 TITLE		20	7	,	☐ Change	Addition	
NAME	gay, willia	BILL			1	5.2 NAME			P BEATTY				
STREET ADDRESS	515 HORIZO					5 3 STREET	ADDRESS	86	SUNRISE	AVE	至"。		
CITY-ST-ZIP	N FT MYERS	FL			_ [5.4 CITY - S	ST-ZIP	N.	SUNRISE FORT MYER	5, FL	4. 339	70,3	
TITLE	D			DELETE		6.1 TITLE		10	, ,	-	Change	Addition	
NAME	PACI, JOE					6.2 NAME		ME	ENRY WIBERE	TCK	EN		
STREET ADDRESS	55 SUNSET						ADDRESS	34	15 NOR120N	131	VZD.		
CITY-ST-ZIP	NO FT MYER	IS FL			J	6.4 CITY - 9	ST - ZIP	N.	FORT MYER.	5 1	4. 330	303	
14. I do hereb	y certify that the in	formation supplied with	h this	filing is voluntarily furn	ished	and doe	s not qual	lify for t	the exemption stated in Section 1	19.07(3)(k), Florida Statut	tes. I further	

4. I do hereby certify that the information supplied with this filling 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: OFFICE TO A CAR

Date Daytime Phone It

CR2E037 (12/95)