

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Mar 15, 1996 08:00 AM

Secretary of State

DOCUMENT # N15543 (4)

1. Corporation Name

HORIZON VILLAGE, INC.

Principal Place of Business

9200 LITTELTON RD
LOT #986 137
NORTH FORT MYERS FL 33903
US

Mailing Address

~~SHAW, FRANK~~
~~505 MISTY LANE~~
~~NORTH FORT MYERS FL 33903~~
US

3. Date Incorporated or Qualified
06/23/1986

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 FRANK SMITH

22 City & State

Suite, Apt. #, etc.

27 137 LAKESIDE CIR.

23 City & State

28 N. FORT MYERS, FL.

24 Zip

Country

29 Zip

Country

30 33903

LEE

4. FEI Number
59-2738977

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

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 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: Registered Agent signature required when re-installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ST. ONGE, ROY
STREET ADDRESS 336 HORIZON DR
CITY-ST-ZIP N FT MYERS FL

TITLE TD ☒ DELETE
NAME MONROE, JOHN
STREET ADDRESS 429 HORIZON DR
CITY-ST-ZIP N FT MYERS FL

TITLE D ☒ DELETE
NAME NOREN, BOB
STREET ADDRESS 610 SUNSET LANE
CITY-ST-ZIP N FT MYERS FL

TITLE SD ☒ DELETE
NAME WISE, F. NEAL
STREET ADDRESS 274 LAKESIDE DR
CITY-ST-ZIP N FT MYERS FL

TITLE D/S ☐ DELETE
NAME GAY, WILLIAM BILL
STREET ADDRESS 515 HORIZON DR
CITY-ST-ZIP N FT MYERS FL

TITLE D ☐ DELETE
NAME PACI, JOE
STREET ADDRESS 55 SUNSET CIR
CITY-ST-ZIP NO FT MYERS FL

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: PRESIDENT FRANK SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)