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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15543 (4)

1. Corporation Name

HORIZON VILLAGE, INC.

Principal Place of Business

9200 LITTELTON RD
LOT #505
NORTH FORT MYERS FL 33903
US

Mailing Address

137 LAKESIDE CIR
N FORT MYERS FL 33903-5642
US3. Date Incorporated or Qualified
06/23/19863a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2738977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SMITH, FRANK
STREET ADDRESS 137 LAKESIDE CIR
CITY-ST-ZIP N FT MYERS FLTITLE VD ☐ DELETE
NAME DETWEILER, BILL
STREET ADDRESS 512 HORIZON DRIVE
CITY-ST-ZIP N FORT MYERS FLTITLE TD ☐ DELETE
NAME STOLT, JEFF
STREET ADDRESS 457 RAINBOW DR
CITY-ST-ZIP N FT MYERS FLTITLE D ☐ DELETE
NAME SHAW, FRANK
STREET ADDRESS 505 MISTY LANE
CITY-ST-ZIP N FT MYERS FLTITLE DS ☐ DELETE
NAME GAY, BILL
STREET ADDRESS 515 HORIZON DR
CITY-ST-ZIP N FT MYERS FLTITLE D ☒ DELETE
NAME PACI, JOE
STREET ADDRESS 55 SUNSET CIR
CITY-ST-ZIP NO FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Jack Murphy
1.3 STREET ADDRESS 221 Rainbow Dr
1.4 CITY-ST-ZIP N Ft Myers FL2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME DeWeiler, Bill
2.3 STREET ADDRESS 512 Horizon Dr.
2.4 CITY-ST-ZIP N. Ft. Myers FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME McDonald, Howard
3.3 STREET ADDRESS 486 Horizon Dr.
3.4 CITY-ST-ZIP N. Ft Myers, FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Gray, Stan
4.3 STREET ADDRESS 116 Horizon Blvd.
4.4 CITY-ST-ZIP N. Ft Myers, FL5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME schauerman, Walt
5.3 STREET ADDRESS 270 Lake Side Dr.
5.4 CITY-ST-ZIP N Ft. Myers, FL6.1 TITLE ☐ Change ☐ 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 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 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:

Jeff Stoltz JEFF STOLTZ

2-26-97

941-9929985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056002

CR2E037 (9/96)