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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA 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 US

3. Date Incorporated or Qualified: 06/23/1986  
3a. Date of Last Report: 03/15/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2738977	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Zip	Country		

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, FRANK	1.2 NAME	VP Jack Murphy
STREET ADDRESS	137 LAKESIDE CIR	1.3 STREET ADDRESS	221 Rainbow Dr
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	Alt Ft Myers Fl
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETWEILER, BILL	2.2 NAME	Detweiler, Bill
STREET ADDRESS	512 HORIZON DRIVE	2.3 STREET ADDRESS	512 Horizon Dr.
CITY-ST-ZIP	N FORT MYERS FL	2.4 CITY-ST-ZIP	N. Ft. Myers Fl
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLT, JEFF	3.2 NAME	McDonald, Howard
STREET ADDRESS	457 RAINBOW DR	3.3 STREET ADDRESS	486 Horizon Dr.
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	N. Ft Myers, Fl
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, FRANK	4.2 NAME	Gray, Stan
STREET ADDRESS	505 MISTY LANE	4.3 STREET ADDRESS	116 Horizon Blvd.
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	N. Ft Myers, Fl.
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAY, BILL	5.2 NAME	Scheuerman, Walt
STREET ADDRESS	515 HORIZON DR	5.3 STREET ADDRESS	270 Lake Side Dr.
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	N Ft. Myers, Fl
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACI, JOE	6.2 NAME	
STREET ADDRESS	55 SUNSET CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NO FT MYERS FL	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 Stolt, Jeff Stolt  
DATE: 2-26-97  
DAYTIME PHONE: 941-9929985

CR2E037 (9/96)