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**Feb 26, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15543**

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 221 Rainbow Dr.

27 N. Ft. Myers, FL

City & State

28 33903

Country

Zip

Country

3. Date Incorporated or Qualified

06/23/1986

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

9. Name and Address of Current Registered Agent

BURANDT, ROBERT  
1714 CAPE CORAL PKWY  
CAPE CORAL FL 33910

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD ☐ DELETE

NAME SMITH, FRANK  
STREET ADDRESS 137 LAKESIDE CIR  
CITY-ST-ZIP N FT MYERS FL

TITLE D ☒ DELETE

NAME DETWEILER, BILL  
STREET ADDRESS 512 HORIZON DRIVE  
CITY-ST-ZIP NO FORT MYERS FL

TITLE TD ☐ DELETE

NAME GILSON, DON  
STREET ADDRESS 528 SUNSHINE AVE  
CITY-ST-ZIP N. FT. MYERS FL

TITLE D ☐ DELETE

NAME BICKOWSKI, RAY  
STREET ADDRESS 311 DAWN DRIVE  
CITY-ST-ZIP N. FT. MEYERS FL

TITLE DS ☐ DELETE

NAME WINTER, EDITH  
STREET ADDRESS 554 SUNRISE AVE.  
CITY-ST-ZIP N. FT. MEYERS FL

TITLE VD ☐ DELETE

NAME MURPHY, JACK  
STREET ADDRESS 221 RAINBOW DRIVE  
CITY-ST-ZIP NO FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME SMITH, FRANK  
1.3 STREET ADDRESS 137 Lakeside Dr.  
1.4 CITY-ST-ZIP N. Ft. Myers, FL 33903

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Al Goodlad  
2.3 STREET ADDRESS 182 Sun Dr.  
2.4 CITY-ST-ZIP N. Ft. Myers, FL 33903

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Mac McCoy  
3.3 STREET ADDRESS 395 Horizon Dr.  
3.4 CITY-ST-ZIP N. Ft. Myers, FL 33903

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME PD MURPHY, JACK  
6.3 STREET ADDRESS 221 Rainbow Dr.  
6.4 CITY-ST-ZIP N. Ft. Myers, FL 33903

14. I 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, with all other like empowered.

SIGNATURE:

*Edith Winter* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99  
Date

941  
997-7863  
Daytime Phone #

CRZE037 (11/98)