NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15543

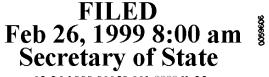
1. Corporation Name

HORIZON VILLAGE, INC.

Principal Place of Business
9200 LITTELTON RD
LOT #505
NORTH FORT MYERS FL 33903

Mailing Address

137 LAKESIDE CIR



02-26-1999 90059 001 ****61.25



NORTH FORT MYERS FL 33903 US US					I ABBIINEN DEN INDEN BINEN BIRNI BARRA IRIN BARRA BARN 	61611 B1611 616)
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date incorporated or Qualifed		
21		26 221 Rainbo	ow Di		06/23/1986 4. FEI Number	1 14	End For
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			59-2738977		olied For
22		27 N. Ft. My	ers,	$\underline{F}\underline{L}$	39-21-309/11		Applicable
City & State	,	City & State			5. Certificate of Status Desired	\$8.75 A	
23		28 33903 ~	Country	SA			<u> </u>
Zip ─_	Country	Zip	¬ -		6. Election Campaign Financing	\$5.00 to Added to	
24	25	29 30	<u>'l </u>		Trust Fund Contribution 10. Name and Address of New Registered A		J 1 003
	9. Name and Address of Current	Registered Agent	81	Name	to. Name and Address of New Registered A	gon	
				1 1401110			
BURANDT	, robert		82	Street	Address (P.O. Box Number is Not Acceptable)		
1714 CAP	E CORAL PKWY						
CAPE CO	RAL FL 33910		83			···· I == "=	
			84	' '	FL	85 Zip C	
office or re agent. I ar	to the provisions of Sections 617.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	and 617.1508, Florida Statutes, Florida. Such change was auth ons of, Section 617.0503, Florida	the abov orized by Statutes	e-named the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	hanging its i ment as reg	registered pistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				stered Agent signature required when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		Addition
TITLE	PD	☐ DELETE	1.1 TITLE	VD		∰ Change	☐ Addision
NAME	SMITH, FRANK		1.2 NAME		SMITH, FRANK		
STREET ADDRESS	137 LAKESIDE CIR		1.3 STREE	T ADDRESS	137 Lakeside Dr.		
CITY-ST-ZIP	N FT MYERS FL		1.4 CITY-5	T-ZIP	N. Ft. Myers, FL 33903		
TITLE	D	I∏ DELETE	2.1 TITLE	D	D	☐ Change	Addition
NAME	DETWEILER, BILL		2.2 NAME		Al Goodlad		
STREET ADDRESS	512 HORIZON DRIVE		2.3 STREE	TADORESS	182 Sun Dr.	,	
CITY-ST-ZIP	NO FORT MYERS FL		2. 4 CITY-	57-Z1P	N. Ft. Myers, FL 33903		
TITLE	TD	☐ DELETE	31 TITLE		D	Change	X Addition
NAME.	GILSON, DON		3.2 NAME		Mac McCoy		
STREET ADDRESS	528 SUNSHINE AVE		3.3 STREE	T ADDRESS	395 Horizon Dr.	5]
CITY-ST-ZIP	N. FT. MYERS FL		3.4. CITY-ST-ZIP		N. Ft. Myers, FL 33903		
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	BICKOWSKI, RAY		4. 2 NAME				
STREET ADDRESS	311 DAWN DRIVE		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	N. FT. MEYERS FL		4.4 CITY-5	ST-ZIP			
TITLE	DS	☐ DELETE	5.1 TITLE			Change	Addition
NAME	WINTER, EDITH		5.2 NAME				
STREET ADDRESS	554 SUNRISE AVE.		5.3 STREE	TADDRESS			
CITY-ST-ZIP	N. FT. MEYERS FL		5.4 CITY-S	ST-ZIP			
TITLE	VD	☐ DELETE	6.1 TITLE		PD	Change	☐ Addition
NAME	MURPHY, JACK		6.2 NAME		MURPHY, JACK		
STREET ADDRESS			6.3 STREE	TADDRESS	la a CD a da basa Da		
			6.4 CITY-5		N. Ft. Myers, F1 33903		
CITY-ST-ZIP	NO FORT MYERS FL		3.7 VIII-0		dia Castian 140 07/2///) Florida Statutas I further serti		

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.