

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90728 023 \*\*\*\*61.25

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**DOCUMENT # N15543**

1. Entity Name  
**HORIZON VILLAGE, INC.**



Principal Place of Business  
**606 SUNSET LANE  
NORTH FORT MYERS FL 33903  
US**

Mailing Address  
**528 SUNSHINE AVENUE  
FORT MYERS FL 33903  
US**

2. Principal Place of Business  
**528 SUNSHINE AVE**

3. Mailing Address  
**682 MAITLAND AVENUE**

Suite, Apt. #, etc.

City & State  
**NORTH FORT MYERS, FL**

City & State  
**ALTAMONTE SPRINGS, FL**

Zip  
**33903**

Country  
**US**

Zip  
**32701**

Country  
**US**

4. FEI Number **59-2738977**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BURANDT, ROBERT  
1714 CAPE CORAL PKWY  
CAPE CORAL FL 33910**

7. Name and Address of New Registered Agent

Name  
**LEE JAY COLLING & ASSOCIATES, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**682 MAITLAND AVENUE**

City  
**ALTAMONTE SPRINGS FL**

Zip Code  
**32701**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lee Jay Colling*

Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RD COBLEIGH, WILLIAM 606 SUNSET LANE NORTH FORT MYERS FL 33903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZANNINI, FRANK 283 RAINBOW DRIVE NORTH FORT MYERS FL 33903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEENE, MILTON 631 DAWN DRIVE N. FT. MYERS FL 33903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BICKOWSKI, RAY 311 DAWN DRIVE FORT MYERS FL 33903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S IRVIN, GARY 399 HORIZON DRIVE N. FT. MEYERS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GILSON, DONALD 528 SUNSHINE AVE FORT MYERS FL 33903</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OSSENBECK, VICKY 390 HORIZON DR. NORTH FORT MYERS, FL 33903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERRING, JERRY 266 LAKE SIDE DR. NORTH FORT MYERS FL 33903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RANKIN, PERRY 427 HORIZON DR. NORTH FORT MYERS, FL 33903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald Gilson* **RODONALD GILSON (TREASURER) 4-5-03 (239) 997-1302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)