

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

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.

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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* **DONALD GILSON (TREASURER) 4-5-03 (239) 997-1302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E037 (10/02)