

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001692

FILED
Apr 30, 2006
Secretary of State

Entity Name: HORIZON SOUTH XVII, INC.

Current Principal Place of Business:

17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-3313313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUCCHI, ANTHONY
Address: 17462 FRONT BEACH RD BOX 381
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VD () Delete
Name: CUCCHI, DIANE
Address: 17462 FRONT BEACH RD BOX 381
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: TD () Delete
Name: PILLER, PATTI
Address: 2664 EGRET LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Delete
Name: PILLER, PATTI
Address: 2664 EGRET LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: PILLER, PATTI
Address: 2664 EGRET LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY CUCCHI

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date