

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90013 040 ****61.25

DOCUMENT # N97000004626			
1. Entity Name HORIZON PUD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1074 HORIZON VIEW PORT ORANGE FL 32129		Mailing Address P.O. BOX 238471 PORT ORANGE FL 32129	
2. Principal Place of Business - No P.O. Box # 1300 HARMS WAY		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ORANGE FL		City & State	
Zip 32129	Country VOLUSIA	Zip	Country
6. Name and Address of Current Registered Agent CASEY, BOB 1074 HORIZON VIEW PORT ORANGE FL 32129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Theresa Evans</u> Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRIDGEN, EDMOND JR 1093 HORIZON VIEW BLVD PORT ORANGE FL 32129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EVANS, THERESA 1300 HARMS WAY PORT ORANGE FL 32129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASEY, BOB 1074 HORIZON VIEW BLVD PORT ORANGE FL 32129 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT LINDA ANDERSON 1307 HARMS WAY PORT ORANGE FL 32129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EVANS, THERESA 1300 HARMS WAY PORT ORANGE FL 32129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DANA BRIGOLA 1071 HORIZON VIEW BLVD PORT ORANGE FL 32129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCUTCHEON, KAREN 1279 HARMS WAY PORT ORANGE FL 32129 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Edmond W. Pridgen Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386) 763-0873

Date Daytime Phone #