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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000098066 (0)**

1. Corporation Name
HORIZON HOMES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
2101 WEST STATE ROAD 434 SUITE 100 LONGWOOD FL 32779	PO BOX 948478 SUITE 100 MAITLAND FL 32794-8478 US

3. Date Incorporated or Qualified: 12/22/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 62 CORONA DR
Suite, Apt. #, etc. 22:
City & State 23: KISSIMMEE FL
Zip 24:
Country 25: OSCEOLA

2a. Mailing Address
26: PO BOX 948478
Suite, Apt. #, etc. 27:
City & State 28: MAITLAND FL
Zip 29: 32794-8478
Country 30: SEMINOLE

4. FEI Number: 59-3353264 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ ~~No~~

9. Name and Address of Current Registered Agent

WASSERMAN, GREGG
~~2101 WEST STATE ROAD 434~~ 2128 BLUE IRIS PL
~~SUITE 100~~
~~LONGWOOD FL 32779~~ LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WASSERMAN, GREGG		1.2 NAME		
STREET ADDRESS	2128 BLUE IRIS PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	PRES	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CORDY, THOMAS J		2.2 NAME		
STREET ADDRESS	107 NASSAU PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: VP Gregg A Wasserman VP 3/20/97 (407) 944-4663
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #