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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000063878

1. Corporation Name

HORIZON SENIOR LIFESTYLES, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 019 \*\*\*150.00

Principal Place of Business Malling Address		
1016 MARLIN LAKE CIRCLE #812 1016 MARLIN LAKE CIRCLE # SARASOTA FL 34232 SARASOTA FL 34232	¥81 <i>2</i>	DO NOT INCITE IN THE COACE
	× .	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/21/1998
2. Principal Place of Business 844/ Merrill 2a. Mailing Address 844/	Herrill	4. FEI Number Applied For S 93 4 7 2 5 0 9 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired Serviced Fee Required
City & State  23 LARGO, FLOK, DA 28 LARGO,	FLORIDA	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip Zip 23 777 25 U.S. A. 29 33 777 30	Country U·S·A.	8. This corporation owes the current year Intangible Personal Property Tax.
Name and Address of Current Registered Agent	Del Maria	10. Name and Address of New Registered Agent
DACON DAVID A	81 Name	
BACON, DAVID A 2959 FIRST AVENUE NORTH		dress (P.O. Box Number is Not Acceptable)
ST. PETERSBURG FL 33713	83	
	84 City	FL 85 Zip Code
		· - 1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authoragentl.am.familiar with, and accept the obligations of, Section 607.0505, Florida.	orized by the corporat	moration submits this statement for the numose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was author agent. Lam.familiar with, and accept the obligations of, Section 607.0505, Florida	orized by the corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered.
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14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

URL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 1-941-320-2643