SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/14/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90008 003 \*\*\*\*61.25

610551 - 90008 - 3

3. Date Incorporated or Qualifed

11/28/1978

**DOCUMENT#** 

1. Corporation Name

HORIZON BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1219 CAPE CORAL PKWY

2. Principal Place of Business

P O BOX 666

CAPE CORAL FL 33904

Mailing Address

1219 CAPE CORAL PKWY P O BOX 666

CAPE CORAL FL 33904

2a. Mailing Address

Suite Apt #, etc.   Suite Apt #, etc.   Suite Apt #, etc.   Special	4731	. Vincennes_Blvd.	26 4731 Vince	nnes	Blvd.	11/28/1978			
City & State 23   Cape   Coral   FL   28   Cape   Coral   FL   5. Certificate of Status Desired   \$5.75 Acidition   Cape   Country   Zip   Zip			Suite, Apt. #, etc.					Apr	died For
Cape Coral PL   28   Cape Coral PL   28   Cape Coral PL   5. Certificate of Status Desired   58.75 Additions   5. Cape Coral PL   29   Country   29   Country   29   Country   29   Country   5.00 May Be Added to Fees   5.00 M	27					59-2000182		Not	Applicable
Cape Coral, FL.   28   Cape Coral, FL.   28   Cape Coral, FL.   28   Cape Coral, FL.   29   Country   2p   Country   2p   Country   2p   Country   33 90 4   25   USA   29   3 3 90 4   30   USA   Trust Fund Contribution					<del></del>	5 Certificate of Status Desired			
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  COTTRELL, JAMES L 4635 SO. DEL PRADO BLVD.  CAPE CORAL, FL. 33904  13. Street Address (P.O. Box Number is Not Acceptable)  14. City  15. Street Address (P.O. Box Number is Not Acceptable)  16. Name and Address of New Registered Agent  17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its register of 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 suppointment as registered agent aminise with, and accept the obligations of, Section 617.603, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  14. AUTHORS 1. STREET ADDRESS  15. STREET ADDRESS  16. AUTHORS 1. STREET ADDRESS  17. ST.2P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  19. AUTHORS 1. STREET ADDRE						<b>V. Colling of Tables 5</b>		Fee Red	_uired
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. City  15. Street Address (P.O. Box Number is Not Acceptable)  16. Street Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the acceptable of the origination	Zip Country Zip Co					Trust Fund Contribution Added to Fe			
COTTRELL, JAMES L 4635 SO. DEL PRADO BLVD. CAPE CORAL, FL. 33904  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its register of gent. or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the statement for the purpose of changing its register of present provision of the provision of the statement for the purpose of changing its register of present provision. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the statement for the purpose of changing its register of the provision of the statement for the purpose of changing its register of the provision of the statement for the purpose of changing its register of the provision of the statement for the purpose of changing its register of the provision of the statement for the purpose of changing its register of the purpose of changing its register of the provision of the purpose of changing its register does not be provided Agent dynamics (P.O. Box No. The provision of the purpose of changing its register does not be provided Agent dynamics (P.O. Box No. The provision of the purpose of changing its register does not be provided Agent dynamics (P.O. Box No. The provision of the purpose of changing its register of the provision of	<u> </u>				<u> </u>				
COTTRELL, JAMES L 4635 SO. DEL PRADO BLVD. CAPE CORAL, FL 33904  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City		9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered /	Agent	_
463S SO. DEL PRADO BLVD. CAPE CORAL, FL. 33904  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of 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 and an advanced the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  To FFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  14. AND TIME				81	Name				
CAPE CORAL, FL 33904  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIN	COTTRELL, JAMES L.				82 Street Address (P.O. Box Number is Not Acceptable)				
B4   City   FL   85   Zip Code	4635 SO. DEL PRADO BLVD.								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of gent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIgnature, typed or primed ranne of registered agent and the if applicable.  (NOTE Registered Agent depretation submits this statement for the purpose of changing its registered segment. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or primed ranne of registered agent and the if applicable.  (NOTE Registered Agent depretation required whom reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME  WANBOXTAELE, J.  12. VANBOXTAELE, J.  12. VANBOXTAELE, J.  13. STREET ADDRESS  14. CITY-ST-2P  CAPE CORAL, FL 00000  14. CITY-ST-2P  15. STREET ADDRESS  17. ST-2P  CAPE CORAL, FL 00000  14. CITY-ST-2P  TO DELETE  17. TITLE  17. TITLE  17. Change AG  AG  17. ST-2P  CAPE CORAL, FL 00000  14. CITY-ST-2P  TO DELETE  17. TITLE  17. ST-2P  17.	CAPE CORAL, FL. 33904								
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and manufacture with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signaturi, typee of printed rame of registered agent and the if appointment as registered agent agent with, and accept the obligations of, Section 617,0503, Florida Statutes.  INCRETED AGENCY OF CORRESS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WANE  VANBOXTAELE, J. 12 NAME  VANBOXTAELE, J. 12 NAME  VANBOXTAELE, J. 13 STREET ADDRESS CAPE CORAL, FL 00000 14.4 CMY-57-2/P 1.2 NAME  VANBOXTAELE, J. 13 STREET ADDRESS CAPE CORAL, FL 00000 14.4 CMY-57-2/P 1.2 NAME  VD				84	City			85 Zip C	ode
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, in an familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and the // applicable. (NOTE Registered Agent signature required when ministating)   DATE								<u> </u>	
SIGNATURE Signature, typed or printed name of registered agent and 99 of applicable. (NOTE Registered Agent signature required whom ministating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	horized by	the corporatio	on's board of directors. I hereby accept	pt the appoir	ntment as reg	istered
2.	SIGNATURE					( when reinstation)	DATE		
DELETE									
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TREET ADDRESS   408 TUDOR DR APT 2E	ì	\ · -		1.2 NAME					
TY'-ST-ZIP   CAPE CORAL, FL 00000				1.3 STREET	ADDRESS				
TITLE		1							
HAYES, D  408 TUDOR DR #1-D  CAPE CORAL, FL 00000  TILE  TD  TD  DELETE  31 TITLE  32 NAME  408 TUDOR DR APT 11  GROMBKA; WALTER  408 TUDOR DR APT 11  STREET ADDRESS  CAPE CORAL, FL 00000  TITLE  VP  DELETE  4.1 TITLE  Change  ACTIV-ST-ZIP  TITLE  WAME  SCHNEIDER, ROBERT  404 TUDOR DR 1G  CAPE CORAL, FL 00000  44 CITY-ST-ZIP  TITLE  VD  TITLE  TO  TO  THE  TO  TO  TO  TO  TO  TO  THE  TO  TO  TO  TO  TO  THE  TO  TO  TO  THE  TO  TO  TO  THE  TO  TO  TO  THE  TO  TO  THE  TO  TO  TO  THE  TO  TO  TO  THE  TO  TO  TO  THE  TO  TO  TO  TO  THE  TO  TO  TO  TO  TO  TO  THE  TO  TO  TO  TO  TO  TO  TO  THE  TO  TO  TO  TO  TO  TO  TO  TO  TO  T		<u> </u>	☐ DELETE					Change	Addition
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### ### ##############################		SCHNEIDER, ROBERT		4. 2 NAME					
CAPE CORAL, FL 00000		· · · · · · · · · · · · · · · · · · ·		4.3 STREET	ADDRESS				
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STREET ADDRESS!	STREET ADDRESS			6.3 STREET	ADDRESS				
6.4 CITY-ST-ZIP	i			6.4 CITY-ST	T-ZIP				

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 suppliemental 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 617, 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