

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$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

DOCUMENT # 745081

1. Corporation Name

HORIZON BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1219 CAPE CORAL PKWY
P O BOX 666
CAPE CORAL FL 33904

Mailing Address

1219 CAPE CORAL PKWY
P O BOX 666
CAPE CORAL FL 33904

610551 - 90008 - 3



2. Principal Place of Business

21 4731 Vincennes Blvd.

Suite, Apt. #, etc.

22

City & State

23 Cape Coral, FL.

Zip

Country

24 33904

25

USA

2a. Mailing Address

26 4731 Vincennes Blvd.

Suite, Apt. #, etc.

27

City & State

28 Cape Coral, FL.

Zip

Country

29 33904

30

USA

3. Date Incorporated or Qualified

11/28/1978

4. FEI Number

59-2000182

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

9. Name and Address of Current Registered Agent

COTTRELL, JAMES L.
4635 SO. DEL PRADO BLVD.
CAPE CORAL, FL 33904

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VANBOXTAELE, J.
STREET ADDRESS 408 TUDOR DR APT 2E
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE VD ☐ DELETE

NAME HAYES, D
STREET ADDRESS 408 TUDOR DR #1-D
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE TD ☐ DELETE

NAME GROMBKA, WALTER
STREET ADDRESS 408 TUDOR DR APT 11
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE VP ☐ DELETE

NAME SCHNEIDER, ROBERT
STREET ADDRESS 404 TUDOR DR 1G
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE VD ☐ DELETE

NAME PAULY, H.
STREET ADDRESS 404 TUDOR DR. 2G
CITY-ST-ZIP CAPE CORAL, FL.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)