

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 745081**

1. Entity Name

**HORIZON BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**4731 VINCENNES BLVD  
CAPE CORAL FL 33904**

Mailing Address

**4731 VINCENNES BLVD  
CAPE CORAL FL 33904**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. 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 1I**  
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  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Change ☒ Addition  
NAME **Harry Pauly**  
STREET ADDRESS **404 Tudor Dr. 2G**  
CITY-ST-ZIP **Cape Coral, FL. 33904**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90010 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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