

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750042 (4)

1. Corporation Name

HORIZON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

600 OCEAN DRIVE
JUNO BCH. FL 33408

600 OCEAN DRIVE
JUNO BCH. FL 33408

3. Date Incorporated or Qualified
12/05/1979

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EELLS, WALTER
600 OCEAN DRIVE #12D
JUNO BEACH FL 33408

81 Name

O'BRIEN, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable)

600 Ocean Dr. 1B

83

Juno Beach, FL. 33408

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 **WILLIAM O'BRIEN, PD**

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

(NOTE: Registered Agent signature required when reinstating)

4-27-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **ALLEN, HERB**
STREET ADDRESS **600 OCEAN DR #11B**
CITY-ST-ZIP **JUNO BEACH FL**

1.1 TITLE **S/T/D** ☒ Change ☐ Addition
1.2 NAME **ALLEN, HERB**
1.3 STREET ADDRESS **600 OCEAN DR. #11B**
1.4 CITY-ST-ZIP **Juno, Beach, FL.** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **DORMANN, JOSEPH**
STREET ADDRESS **600 OCEAN DR #7A**
CITY-ST-ZIP **JUNO BCH. FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **O'BRIEN, WILLIAM**
STREET ADDRESS **600 OCEAN DR #1B**
CITY-ST-ZIP **JUNO BEACH FL**

3.1 TITLE **PD OBRIEN, WILLIAM** ☐ Change ☐ Addition
3.2 NAME **600 Ocean Drive #1B**
3.3 STREET ADDRESS **Juno Beach, FL. 33408**
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **EELLS, WALTER**
STREET ADDRESS **600 OCEAN DRIVE #12D**
CITY-ST-ZIP **JUNO BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HOFMANN, ROBERT**
STREET ADDRESS **600 OCEAN DRIVE #9B**
CITY-ST-ZIP **JUNO BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

WILLIAM O'BRIEN

4-27-96

DATE

407-675-0575

DAYTIME PHONE #

CR2E037 (12/95)