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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750042

1. Corporation Name

HORIZON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

600 OCEAN DRIVE
JUNO BCH. FL 33408

Mailing Address

600 OCEAN DRIVE
JUNO BCH. FL 33408



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/05/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2131533

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OBRIEN, WILLIAM
600 OCEAN DR IB
JUNO BEACH FL 33408

81 Name

ALESSI, MARIE

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

600 Ocean Drive 6B

83

84 City

JUNO BEACH, FL

85 Zip Code

33408

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 **Marie Alessi, President**

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

(NOTE: Registered Agent signature required when reinstating)

3-6-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE
NAME **EELS, WALTER**
STREET ADDRESS **600 OCEAN DR, 12D**
CITY-ST-ZIP **JUNO BEACH FL**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **MARIE ALESSI**
1.3 STREET ADDRESS **600 Ocean Drive #6B**
1.4 CITY-ST-ZIP **Juno Beach, Fl. 33408**

TITLE **PD** ☒ DELETE
NAME **O'BRIEN, WILLIAM**
STREET ADDRESS **600 OCEAN DRIVE #1B**
CITY-ST-ZIP **JUNO BEACH FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Robert Hofmann**
2.3 STREET ADDRESS **600 Ocean Drive #9B**
2.4 CITY-ST-ZIP **Juno Beach, Fl. 33408**

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

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **John Competello**
3.3 STREET ADDRESS **600 Ocean Drive #2A**
3.4 CITY-ST-ZIP **Juno Beach, Fl. 33408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Helen Kennedy**
4.3 STREET ADDRESS **600 Ocean Drive #12A**
4.4 CITY-ST-ZIP **Juno Beach, Fl. 33408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **George Stamatiades**
5.3 STREET ADDRESS **600 Ocean Drive #6A**
5.4 CITY-ST-ZIP **Juno Beach, Fl. 33408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: **Marie Alessi** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99 **(561) 776-5738**
Date Daytime Phone #

CR2E037 (11/98)