

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 750042**



1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2131533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**OLSEN, CLAIRE F TD  
600 OCEAN DRIVE  
2-D  
JUNO BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000927290  
05/20/08 00101-006 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLSEN, CLAIRE F 600 OCEAN DR. #2-D JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPIZZO, VITO 600 OCEAN DRIVE, #9-B JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGSMAN, DIANE 600 OCEAN DR 6-B JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDERS, VINCENT 600 OCEAN DRIVE #8-B JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOWSKI, JOSEPH 600 OCEAN DRIVE #12-C JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Claire F. Olsen* FOR DIRECTOR

Date

Daytime Phone #

*CLAIRE F. OLSEN*

*4/23/08*