

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000226

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** HORIZONS AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4731 BONITA BAY BLVD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

4731 BONITA BAY BLVD  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 59-3568435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, JOSEPH E  
14241 METROPOLIS AVE  
SUITE 100  
FT MYERS, FL 339120000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOEHN, ROBERT  
Address: 4731 BONITA BAY BLVD., PH101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V ( ) Delete  
Name: MADDOX, ELLIE  
Address: 4731 BONITA BAY BLVD # 2104  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete  
Name: GREENLAND, JULIAN  
Address: 4731 BONITA BAY BLVD #404  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete  
Name: FLOOD, PATRICK  
Address: 4731 BONITA BAY BLVD., #403  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete  
Name: JOSEPH, DUANE  
Address: 4731 BONITA BAY BLVD., #1804  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY L WILLIAMS

ACCT

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date