

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **711360** (8)
1. Corporation Name
NEW HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:22

Principal Place of Business Mailing Address
1500 N.E. 191ST STREET NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1966** 3a. Date of Last Report **03/17/1994**
4. FEI Number **59-1156946** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
LEVY, MORRIS
1400 N. E. 191 ST.
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Rudolph Hirsch* DATE **2-2-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVY, MORRIS
STREET ADDRESS	1400 N.E. 191ST ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	VT
NAME	COHEN, MURRAY
STREET ADDRESS	1550 N.E. 191ST ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	S
NAME	NEWMARK, BEN
STREET ADDRESS	1450 N.E. 191ST ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	OKUN, DAVE
STREET ADDRESS	19001 N.E. 14TH AVE.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	HIRSCH, RUDY
STREET ADDRESS	18901 N.E. 14TH AVE.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	GLICKMAN, FRANK
STREET ADDRESS	1540 N.E. 191ST ST.
CITY - ST - ZIP	N. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HIRSCH, RUDOLPH	
1.3 STREET ADDRESS	18901 N.E. 14 AVE	
1.4 CITY - ST - ZIP	N. MIAMI BEACH, FL.	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DASHIFF, GLORIA	
2.3 STREET ADDRESS	1540 N.E. 191 ST.	
2.4 CITY - ST - ZIP	N. MIAMI BEACH, FL.	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HENRY, JOHN	
3.3 STREET ADDRESS	1450 N.E. 191 ST.	
3.4 CITY - ST - ZIP	N. MIAMI BEACH, FL.	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COHEN, MURRAY	
4.3 STREET ADDRESS	1550 N.E. 191 ST.	
4.4 CITY - ST - ZIP	N. MIAMI BEACH, FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 113.07(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 my address.

SIGNATURE: *Rudolph Hirsch* DATE **2-2-95** 947-1359
Signature and typed or printed name of signing officer or director (Date) (Telephone Number)