## FILE NOW: FILING FEE IS \$61.25

NGNPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 711360

(8)

NEW HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC.



Principal Place of Business	Mailing Address			
1500 N.E. 191ST STREET NORTH MIAMI BEACH FL 33179	1500 N.E. 191ST STREI NORTH MIAMI BEACH			
	NOTH MINIM DENGT		3. Date Incorporated or Qualified 08/17/1966	3a. Date of Last Report 02/13/1995
2. Principal Place of Business	2a. Mailing Address		4. FLI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1156946	Not Applicable
22	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country 25	Zip	Country	8. This corporation has liability for in	
9. Name and Address of 0	29 Current Registered Agent	30	Florida Statutes X  10. Name and Address of New Re	Yes No
3. //////	Julion Hogistorea Agent	81 Name		
LEVY, MORRIS	'.H.		RUDOLPH HIRS	
1400 N. E. 191 ST.	111.		Address (P.O. Box Number is Not Acceptable	
N. MIAMI BEACH FL 33179		83		
		84 City		OF 7in Code
			1/AMI	FL 85 Zip Code 7 9
11. Pursuant to the provisions of Sections 61 or registered agent, or both, in the State of	7.0502 and 617.1508, Florida Statute of Florida, Such change was authorized	s, the above named co	rporation submits this statement for the purp	ose of changing its registered office
lamiliar with, and accept the bullgations of	f, Section 617.0503, Florida Statutes	0 0 1		
SIGNATURE KUDOLPH	HIRSCH K	cologh	Husel.	3-13-96
Signature, typed or printed name of registor  12. OFFICER	BO agent and title if applicable // INCI RS AND DIRECTORS	16: Registered Agent signature re	quired when renstating)  ADDITIONS/CHANGES TO OFFIC	DATE SELSE AND DIDECTODE IN 12
TITLE VT	<b>D</b> DELETE	1.1 TITLE	S SECTIONS OF ASSOCIATIONS	DERS AND DIRECTORS IN 12
NAME DASHIFF, OLORIA		1.2 NAME	Stanley Reiter	<u> </u>
STREET ADDRESS 1540 NE 191 ST		1.3 STREET ADDRESS	19001 N.E. 14 Av	e.
CITY-ST-ZIP N-MIAMI BEACH FL		1.4 CITY-ST-ZIP	Miami, F1. 33179	
TITLE T	DELETE	21 TITLE •	D John Hall	Change Addition
NAME COHEN, MURRAY		2 2 NAME	1530 N.E. 191 S	t.
STREET ADDRESS 1550 N.E. 191ST ST.		2 3 STREET ADDRESS		
CITY-ST-ZIP N. MAMI-BEACH FL		2 4 CHTY-ST-ZIP	Miami, F1. 3317	y
TITLE S	DELETE	3.1 TITLE	D	Change Addition
NAME HENRY, JOHN		3.2 NAME		j
STREET ADDRESS 1450 N.E. 191ST ST.		3.3 STREET ADDRESS	same	
CITY-ST-ZIP N. MIAMI BEACH FL	MIAMI	3 4. CHTY-ST-ZIP	Dome	
TITLE D VP	DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME GLICKMAN, FRANK		4 2 NAME	same	
STREET ADDRESS 19001 N.E. 14TH AVE.	MIAMI	4.3 STREET ADDRESS	74 -	
TITLE D. N. MIAMI BEACH FL.		4.4 CHTY - ST - ZIP		
NAME P HIRSCH, BUBY RVI		5.1 TITLE <b>D</b>	$\triangleright$	☑ Change ☐ Addition
STREET ADDRESS 18001 N F 14TH AVE	/ULT 11		same	
10301 14.L. 14111 MYL.	MIRMI	5.3 STREET ADDRESS		
TITLE N. MIAMI BEACH FL	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change
NAME		62 NAME	90000176	4369
STREET ADDRESS		63 STREET ADDRESS	-04/01/960103	2028
CITY-ST-ZIP		64 CITY-ST-ZIP	***61.25	
14. I do hereby certify that the information sup	plied with this filing is voluntarily furni		fy for the exemption stated in Section 119.07	(3)(k), Florida Statutes, I further

ental annual report is true and accurate and that my signature shall have the same legal effect as if made under or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

HIRSCH