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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.



Principal Place of Business

Mailing Address

1500 N.E. 191ST STREET
NORTH MIAMI BEACH FL 33179

1500 N.E. 191ST STREET
NORTH MIAMI BEACH FL 33179-4137

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIRSCH, RUDOLPH
18901 NE 14 AVE.
MIAMI FL 33179

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 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

Signature type represented in all caps: (Agent and Director only)

(Note: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

1.1 TITLE

Change

Addition

NAME

REITER, STANLEY

1.2 NAME

STREET ADDRESS

19001 N.E. 14 AVE.

1.3 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL 33179

1.4 CITY- ST- ZIP

TITLE

D

DELETE

2.1 TITLE

SD

Change

Addition

NAME

HALL, JOHN

2.2 NAME

STREET ADDRESS

1530 N.E. 191ST ST.

2.3 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL 33179

2.4 CITY- ST- ZIP

TITLE

D

DELETE

3.1 TITLE

TD

Change

Addition

NAME

HENRY, JOHN

3.2 NAME

STREET ADDRESS

1450 N.E. 191ST ST.

3.3 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL

3.4 CITY- ST- ZIP

TITLE

VPD

DELETE

4.1 TITLE

Change

Addition

NAME

GLICKMAN, FRANK

4.2 NAME

STREET ADDRESS

19001 N.E. 14TH AVE.

4.3 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL

4.4 CITY- ST- ZIP

TITLE

PD

DELETE

5.1 TITLE

Change

Addition

NAME

HIRSCH, RUDOLPH

5.2 NAME

STREET ADDRESS

18901 N.E. 14TH AVE.

5.3 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL

5.4 CITY- ST- ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

Rudolph Hirsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

1-4-97 305 940-7285

Day or Date # 0033344

CR2E037 (9/96)