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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711360

1. Corporation Name

NEW HORIZONS CONDOMINIUM MASTER ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/17/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1156946	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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		85 FL	

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: *Rudolph Hirsch* **RUDOLPH HIRSCH PRES.** **1-7-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARMEN DIAZ MELENDEZ			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	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENRY, JOHN			3.2 NAME			
STREET ADDRESS	1450 N.W. 191ST STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			3.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLICKMAN, FRANK			4.2 NAME			
STREET ADDRESS	19001 N.E. 14TH AVE.			4.3 STREET ADDRESS	DIRECTOR		
CITY-ST-ZIP	MIAMI FL 33179			4.4 CITY-ST-ZIP	RITA ROSENTHAL		
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIRSCH, RUDOLPH			5.2 NAME			
STREET ADDRESS	18901 N.E. 14TH AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			5.4 CITY-ST-ZIP			
TITLE	V.P.	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENA MOSS			6.2 NAME			
STREET ADDRESS	1550 NE 191 ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL. 33179			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address, with all other like empowered.

SIGNATURE: *Rudolph Hirsch* **RUDOLPH HIRSCH** **1-7-99** **947-1359**

CR2E037 (1/98)