2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # 711360

1. Entity Name
NEW HORIZONS CONDOMINIUM MASTER



FILED Jan 26, 2004 8:00 am Secretary of State

ASSOCIATION, INC.						7	01-26-2004 9	90052 005	****61.2	:5	
1500 N.E. 191ST STREET 150			iling Address 500 N.E. 191ST STREET ORTH MIAMI BEACH, FL 33179								
2. Principal P	lace of Business	3 .	Mailing Address								
						* (201) (252)	iiday uben kiin biiii na	ei miiirii intinia menti	writers inches	1181 81 1861	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132004	Chg-NP	CR2E037	7 (10/03)		
City & State			City & State			4. FEI Numbe 59-1156				plied For t Applicable	
Zip	Zip Country		Zip Co		itry	5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name and Add	ress of Current Regis	tered Agent			7. Name and	Address of New F	Registered A	gent		
MYERS, D	ONALD			.	Name						
1400 NE 141ST STREET APT 124					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33179										
					City FL Zip Code						
8. The above the obligat	named entity submits ions of registered ager	this statement for the p nt.	ourpose of changing its r	egistered	d office or regi	istered agent, or bot	h, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE		me of registered agent and title	if applicable, (NOTE:	Registered /	Agent signature rec	quired when reinstating)		DATE			
Filing Fee is \$61.25 9. Election Campaign Financi						¢E 00	and house of Se	lake check	navable to		
Due by May 1, 2004 Trust Fund 0				. •		\$5.00 May Banded to Fees		rida Departi			
10. ′	OF	FICERS AND DIRECTO	DRS	11,		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE	b		☐ Delete IIII.E		3.	4/841	GLADUS	<u></u>	☐ Change	Addition	
NAME STREET ADDRESS	MYERS, DONALD				ADDRESS /	ALBAN, 540 NE	1915157	REET	•		
CITY-ST-	1400 NE 191ST STREET MIAMI, FL 33179			CITY-ST-ZI		VO. MIAM	I BEACH	FL3.	3,79		
TITLE	VP		☐ Delete	TITLE	D.	1/00-0-		. ^	☐ Change	Addition	
NAME	HARDING, ROBERT			NAME		VACGAS TANG			H ABST		
STREET ADDRESS CITY-ST-ZIP	1990 NE 14TH AVE MIAMI, FL 33179			STREET CITY-S		130 100	197 - J.	E	2 . 76		
TILE	S/T		☐ Delete	TITLE		No. HIAM	I DEACH	, -4 6		No. Addition	
NAME	MOSS, RENA		L. Delae	NAME		JMYLE 18901 N	MORRI	, S	Change	⊠ Addition	
STREET ADDRESS	~1500 NE 191ST-S	TREET	ζ ²	STREET	ADDRESS	18901 N	15 143 1	AUE.			
CITY-ST-ZIP	MIAMI, FL 33179			CITY-S	T-ZIP	No. MIAN URTART 1520 NG No. MIN	11 BEAC.	H, FL	33,79	1	
TITLE	T CHAVADDIA CDE	-0	🔀 Delete	TITLE	D	URTART	E DAN	1EL	Change	Addition	
NAME STREET ADDRESS	CHAVARRIA, GREG 1530 NE 191ST STREET		NAME		ADDRESS	1520 NG	= 1915	STREE	7		
CITY-ST-ZIP	MIAMI, FL 33179			CITY-S	T-ZIP	No Min	MI BEAG	OH FL	331	19	
TITLE	D	,	⊠ Delete	TITLE		710.7			☐ Change	Addition	
NAME	HIRSCH, RUDOLPH		NAME						_ •	_	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33179		N7	CITY-S	51-ZIP						
TITLE NAME	D HERNANDO, FRANK		J≥SL Delete	Delete TITLE NAME					Change	☐ Addition	
STREET ADDRESS 1520 NE 191ST STREET					ADDRESS						
AND THE PROPERTY OF THE PROPER					IT-ZIP						
12 hereby c	ertify that the informati	ion supplied with this fi	ling does not qualify for	the ever-	ntion stated in	C-ation 110 07/0//	\ M C4-4	1.4	41	·	

2. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _	fra	//	-DONALI	MYERS	- 1-23-0	4-305-947-	1359
	MINATURE AND	ATYPED OR PRINTED MAME OF	F SIGNING OFFICER OR DIRECTOR		Dete	Doubing Shoop #	