
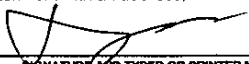


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90358 041 ****61.25

DOCUMENT # 711360					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1156946	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MYERS, DONALD 1400 NE 141ST STREET APT 124 MIAMI, FL 33179			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	MORRIS SMYLE YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, DONALD		NAME	18901 NE 14 AVE	
STREET ADDRESS	1400 NE 191ST STREET		STREET ADDRESS	N. MIAMI BEACH FL 33179	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, ROBERT		NAME		
STREET ADDRESS	1990 NE 14TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	JULIA PEREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, RENA		NAME	1450 NE 191ST	
STREET ADDRESS	1500 NE 191ST STREET		STREET ADDRESS	N. MIAMI BEACH FL 33179	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBAN, GLADYS		NAME		
STREET ADDRESS	1546 NE 191ST STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, TANYA		NAME		
STREET ADDRESS	1530 NE 191 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VRTARTE, DANIEL		NAME		
STREET ADDRESS	1530 NE 191 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
12. 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: 			Date: 4-18-05 305-944-1359		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50041107



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1156946 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MYERS, DONALD	
STREET ADDRESS	1400 NE 191ST STREET	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARDING, ROBERT	
STREET ADDRESS	1990 NE 14TH AVE	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSS, RENA	
STREET ADDRESS	1500 NE 191ST STREET	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBAN, GLADYS	
STREET ADDRESS	1546 NE 191ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARGAS, TANYA	
STREET ADDRESS	1530 NE 191 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VRTARTE, DANIEL	
STREET ADDRESS	1530 NE 191 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	

TITLE	MORRIS SMYLE YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18901 NE 14 AVE	
STREET ADDRESS	N. MIAMI BEACH FL 33179	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JULIA PEREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1450 NE 191ST	
STREET ADDRESS	N. MIAMI BEACH FL 33179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  Date: 4-18-05 305-944-1359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #