
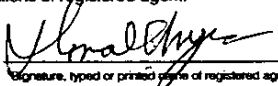
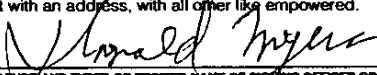


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 015 ****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				
Zip		Country	Zip		Country		
4. FEI Number 59-1156946				Applied For <input type="checkbox"/> Not Applicable			
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) 1400 NE 191ST ST.				
			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 		DONALD MYERS P.		7-15-06			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MYERS, DONALD		NAME				
STREET ADDRESS	1400 NE 191ST STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HARDING, ROBERT		NAME	D DONNI BAUMAN			
STREET ADDRESS	1990 NE 14TH AVE		STREET ADDRESS	19901 NE 14TH AVE.			
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOSS, RENA		NAME				
STREET ADDRESS	1500 NE 191ST STREET		STREET ADDRESS				
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VARGAS, TANYA		NAME	D SACK SOLOMON			
STREET ADDRESS	1530 NE 191 STREET		STREET ADDRESS	1530 NE 191ST ST			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMYLE, NORRIS		NAME	D ZALMAN MAYBERG			
STREET ADDRESS	18901 NE 14 AVE		STREET ADDRESS	18901 NE 14TH AVE			
CITY-ST-ZIP	N MIAMI BCH, FL 33179		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DONALD MYERS		7-15-06 305-947-1359			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

