
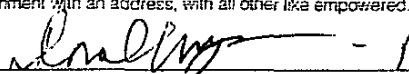


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90050 010 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1156946	
				Applied For 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)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input checked="" 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	North Miami Bch FL 33179	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUMAN, DONNI		NAME	VP	
STREET ADDRESS	1990 NE 14TH AVE		STREET ADDRESS	19901 NE 14th Ave	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	North Miami Bch FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ALBERTO		NAME	D	
STREET ADDRESS	1540 NE 191ST STREET		STREET ADDRESS	Michelle Hillario	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	1540 NE 191 St	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SOLOMON, JACK		NAME	D	
STREET ADDRESS	1546 NE 191ST STREET		STREET ADDRESS	Alberto Rivera	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	1530 NE 191 St	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYBURG, ADAM		NAME		
STREET ADDRESS	1530 NE 191 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	North Miami Bch FL 33179	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYBURE, ZALMAN		NAME	D	
STREET ADDRESS	18901 NE 14 AVE		STREET ADDRESS	Zalman Mayburg	
CITY-ST-ZIP	N MIAMI BCH, FL 33179		CITY-ST-ZIP	18901 NE 14th Ave	
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: 		- REB		3-4-08 305-547-1359	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DYNAMIC PRINTING	

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