2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711360

FILED Jan 07, 2009 Secretary of State

Entity Name: NEW HORIZONS CONDOMINIUM MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1500 N.E. 191ST STREET NORTH MIAMI BEACH, FL 33179 **Current Mailing Address: New Mailing Address:** 1500 N.E. 191ST STREET NORTH MIAMI BEACH, FL 33179 FEI Number: 59-1156946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MYERS, DONALD MYERS, DONALD 1400 NÉ 141ST STREET 1400 NÉ 141ST STREET APT 124 APT 124 MIAMI, FL 33179 US NORTH MIAMI BEACH, FL 33179 US 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. SIGNATURE: 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MYERS, DONALD Name: Name: 1400 NE 191ST STREET Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: () Delete Title: () Change () Addition BAUMAN, DONNI Name: Name: Address: 19901 NE 14TH AVE Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: () Delete Title: S/T (X) Change () Addition HILLARIO, MICHELLE Name: MOSS, RENA Name: 1540 NE 191 ST 1550 NE 191 ST Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: NORTH MIAMI BEACH, FL 33179 (X) Change () Addition Title: () Delete Title: Name: SOLOMON, JACK Name: LUQUE, SHIRLEY Address: 1546 NE 191ST STREET Address: 1540 NE 191ST STREET City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: NORTH MIAMI BEACH, FL 33179 Title: () Delete Title: () Change () Addition MAYBURG, ZALMAN Name: Name: 18901 NE 14TH AVE Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: () Delete Title: () Change (X) Addition LEWIS, BLANCHE Name: Name: Address: Address: 1530 NORTHEAST 191ST STREET NORTH MIAMI BEACH, FL 33179 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD MYERS P 01/07/2009