


05-07-2003 90170 025 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80115926

DOCUMENT # 711360
 1. Entity Name
 NEW HORIZONS CONDOMINIUM
 MASTER ASSOCIATION INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1500 NE 191ST ST
 Suite, Apt. #, etc.

3. Mailing Address
 1500 NE 191ST ST.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NORTH MIAMI BEACH FL NORTH MIAMI BEACH FL
 4. FEI Number 59-1156946 Applied For Not Applicable
 Zip 33179 Country USA Zip 33179 Country USA
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name DONALD MYERS
 Street Address (P.O. Box Number is Not Acceptable) 1400 NE 191ST ST
 APT 124
 City NORTH MIAMI BEACH FL Zip Code 33179

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 DONALD MYERS PRES. 5/5/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR
 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			
TITLE	P	DONALD MYERS	
NAME			
STREET ADDRESS		1400 NE 191ST ST.	
CITY-ST-ZIP		NO MIAMI BCH FL 33179	
TITLE	VP	ROBERT HARDINK	
NAME			
STREET ADDRESS		1990 NE 14TH AVE	
CITY-ST-ZIP		NO MIAMI BCH FL 33179	
TITLE		RENA NOSS BECY	
NAME			
STREET ADDRESS		1560 NE 191ST ST.	
CITY-ST-ZIP		NO MIAMI BCH FL 33179	
TITLE		GREG CHAVARRIA	
NAME			
STREET ADDRESS		1530 NE 191ST ST.	
CITY-ST-ZIP		NO MIAMI BCH FL 33179	
TITLE		RUDOLPH HIRSH	
NAME			
STREET ADDRESS		18901 NE 14TH AVE	
CITY-ST-ZIP		NO MIAMI BCH FL 33179	
TITLE		FABIAN HERNANDEZ	
NAME			
STREET ADDRESS		1520 NE 191ST ST.	
CITY-ST-ZIP		NO MIAMI BCH FL 33179	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Myers DONALD MYERS PRES. 5/5/03 305-944-0092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)