

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711479 (6)

1. Corporation Name

THIRD HORIZONS CONDOMINIUM, INC.



Principal Place of Business: 1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179
Mailing Address: 1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 09/13/1966
3a. Date of Last Report: 04/26/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|----|---|--------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 29-1155632 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | | <input type="checkbox"/> | |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | | <input type="checkbox"/> | |
| 24 | Country | 29 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SMITH, ROBERT W 1530 NE 191ST NORTH MIAMI BEACH FL 33179 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert W. Smith* DATE: 1-24-96

| | | | | | | | |
|----------------------------|---------------------------|--|--------------------|---|--|-----------------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | KALMUS, MURIEL | | 1.2 NAME | | | | |
| STREET ADDRESS | 1530 NORTHEAST 191ST | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | N MIAMI BEACH, FL 0 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | SMITH, DELORIS | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | Treasurer | |
| NAME | SMITH, DELORIS | | 2.2 NAME | | | Marie Scala | |
| STREET ADDRESS | 1530 NE 171 ST APT 146 | | 2.3 STREET ADDRESS | | | 1530 NE 191 St. apt #144 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | | 2.4 CITY-ST-ZIP | | | N.M.B., FL 33179 | |
| TITLE | P | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | SMITH, ROBERT | | 3.2 NAME | | | | |
| STREET ADDRESS | 1530 NE 171ST APT 146 | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | N MIAMI BEACH, FL 0 | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | FABIAN, FRANK | | 4.2 NAME | | | | |
| STREET ADDRESS | 1530 N E 191 ST | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | N MIAMI BEACH, FL 0 | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | LEWIS, BLANCHE | | 5.2 NAME | | | | |
| STREET ADDRESS | 1530 NORTHEAST 191 ST | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | Director | |
| NAME | SMITH, GEORGE | | 6.2 NAME | | | Glenn Zuker | |
| STREET ADDRESS | 1530 NORTHEAST-191 ST | | 6.3 STREET ADDRESS | | | 1530 NE 191 Street apt #340 | |
| CITY-ST-ZIP | N MIAMI BEACH, FL 0 | | 6.4 CITY-ST-ZIP | | | N.M.B., FL 33179 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert W. Smith* DATE: 1-24-96 DAYTIME PHONE: 305 944-1209

CR2E037 (12/95)