FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

711479

(6)

THIRD HORIZONS CONDOMINIUM, INC.

						
Principal Place of Business Mailing Address						
1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179		1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179-4134				
						3. Date Incorporated or Qualified
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21	***************************************	26				29-1155632 Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State		City & State				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	·		Florida Statutes Yes No
=:1	9. Name and Address of Current		1221			10. Name and Address of New Registered Agent
				81	Name)
OMITH-	ODERFW HELEN	L. GREEN		82	Street	t Address (P.O. Box Number is Not Acceptable)
1530 NE				-	Oliocii	Tribulous (F.O. Dox Hairibor to Not Photophable)
	VIAMI BEACH FL 33179			63		
				84	City	FL 85 Zip Code
11 Pursuant t	o the provisions of Sections 617 0502	and 617 1508. Florida Status	es the a	bove	a-named	d corneration submits this statement for the nurrose of changing its registered
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.						
	m tamiliar with find accept the obliga	upns or, Section 617.0503, Fi	orida Sta	(U(B§	i.	Ou C 1919
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retratibing) Diff						
12.	OFFICERS AND	 	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD DELETE		1.1 TI	1.1 TITLE		Change Addition
NAME	KALMUS, MURIEL		1.2 N	1.2 NAME		
STREET ADDRESS	1530 NORTHEAST 191ST		1.3 \$	1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 0		1.4 C	1.4 CITY-ST-ZIP		
TITLE	▼ □ DELETE		2.1 Tr	2.1 TITLE		Change Addition
NAME	SCALA, MARIE		2.2 N	AME		
STREET ADDRESS	1530 N.E. 191ST ST. APT. #1	44	2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL				57-21P	
TiTLE	P	DELETE	3.1 Ti			P
NAME	SMITH, ROBERT		3.2 N			GREEN, HELEN L. 1530 N.E 1915T #110
STREET ADDRESS	1000 11 11 11 11 11 11			3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 0			3.4. CITY-ST-ZIP 4.1 TITLE		N. M B, EK 33179 □ D
TITLE	D	LA DELCIE	1			MELGNDEZ - CARMEN DIAZ
NAME	LEWIS, BLANCHE		4.21			100, 40 10,50 4100
STREET ADDRESS	1530 NORTHEAST 191 ST				ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL DELETE			4.4 CITY-ST-ZIP 5.1 TITLE		MMB, FA 33/79 □ S Change □ Addition
TITLE	D THOVED IEANA	(S) DECEIE		AME		D. Al Gua
NAME	TUCKER, JEANA				1000ccc	
STREET ADDRESS	1530 N.W. 191ST. APT. #340				ADDRESS	NMB FL 33179
CITY-ST-ZIP TITLE	N.W. MIAMI BEACH FL	☐ DELETE	5.4 C 6.1 T		T-ZIP	Change Addition
NAME		C) DESCRIE	6.2 N			
					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP			0.4 U	111-5	T-ZIP	

14. I do 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 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:

SIGNATURE:

SIGNATURE:

Days Types on PRIMTED NAME OF BIGNING OFFICER OR DIRECTOR