


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number
29-1155632

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

9. Name and Address of Current Registered Agent

**SMITH, ROBERT W
1530 NE 191ST
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name **CARMEN D MELENDEZ - Pres.**

82 Street Address (P.O. Box Number is Not Acceptable)
1530 NE 191 ST

83

84 City **N. M. B** **FL** 85 Zip Code **33179**

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 *Carmen Diaz Melendez* **2-16-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KALMUS, MURIEL	
STREET ADDRESS	1530 NORTHEAST 191ST	
CITY-ST-ZIP	N MIAMI BEACH, FL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCALA, MARIE	
STREET ADDRESS	1530 N.E. 191ST ST. APT. #144	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	<input checked="" type="checkbox"/> GREEN, HELEN L	<input type="checkbox"/> DELETE
NAME	1530 NE 191 ST #110	
STREET ADDRESS	NORTH MIAMI BCH FL	
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> MELENDEZ, CARMEN DIAZ	<input type="checkbox"/> DELETE
NAME	1530 NE 191 ST #125	
STREET ADDRESS	NORTH MIAMI BCH FL	
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> ROUTH, EVA	<input type="checkbox"/> DELETE
NAME	1530 NE 191 ST APT 122	
STREET ADDRESS	NORTH MIAMI BCH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREEN, HELEN	
1.3 STREET ADDRESS	1530 N.E. 191 ST. #110	
1.4 CITY-ST-ZIP	NORTH MIAMI BCH, FL 33179	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARMEN D. MELENDEZ	
2.3 STREET ADDRESS	1530 N.E. 191 ST. #125	
2.4 CITY-ST-ZIP	N. MIAMI BCH, FL. 33179	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LENDRE MILAN	
3.3 STREET ADDRESS	1530 N.E. 191 ST. #26	
3.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Carmen D. Melendez* **2-16-98**

CP2E037 (10/97)