2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #711479



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Apr 03, 2006 8:00
Secretary of Stat 04-03-2006 90406 011 ****61.25

Substance Subs	1. Entity Name THIRD HORIZONS CONDOMINIUM, INC.					0	4-03-2006 9	0406 01	.1 ****61.2	25	
Suffix, Apt. 8, etc. Suffix, Apt. 8, etc. City & State	1530 NE 191 ST. 1530 NORTHEAST 191 ST								50	008366	3
City & State Ci	Principal Place of Business 3. Mailing Address					· · · · · · · · · · · · · · · · · · ·					
29-1155632	Suite, Apt. #, etc. Su			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E(037 (11/05)	
Execution of Section S	City & State			City & State	City & State			32		<u> </u>	·
KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309 City City FL Zip Code 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 oblighdone of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2006 POTE Registered Agent advances incisted when researchy) DATE FILING Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VO VARGAS, TONYA SIRET AGORSS 1530 NE 191 ST., #210 NORTH MIAMI BEACH, FL 33179 Delete NAME SIRET AGORSS 1530 NORTH MIAMI BEACH, FL 33179 Delete NAME SIRET AGORSS 1530 NORTH MIAMI BEACH, FL 33179 Delete NAME ALAMINA, FELICIA NAME ALAMINA, FELICIA NAME ALAMINA, FELICIA NAME ALAMINA, FELICIA NAME SIRET AGORSS 1530 NE 191 ST., #302 CITY-ST-2P NAME ALAMINA, FELICIA NAME SIRET AGORSS CITY-ST-2P NAME SIRE	Zip	Zip Country Zi			p Country			Status Desired			
Sheet Address (P.O. Box Number is Not Acceptable) Date Address (P.O. Box Number is Not Acceptable) Sheet Address (P.O. Box Number is Number		6. Name	and Address of Current	Registered Agent			7. Name and A	ldress of New R	Registered	Agent	
Either Becker production of registered agent. City FL Zip Code	1501 NW 4 SUITE 202	ISTH STR	REET		<u> </u>		(P.O. Box Number i	s Not Acceptable	е)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Sate of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SCHARTAR Food or printed name of implasmed agent and title a speciation. Filling Fee is \$41.25 Due by May 1, 2008 8. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VARGAS, TONYA SIRES AGGRESS, TONYA SIRES	FORT LAU	IDERDAL	.E, FL 33309								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorate 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 of trustee empowered to execute this report as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD VARGAS 1530 NE NORTH N PD SOLOMO 1530 NOI 1530 NE NORTH N T ALAMINA 1530 NE N M BCH D ISLER, E 1530 NE MIAMI, F D LOEWY, 1530 NO	OFFICERS AND DIE TONYA 191 ST., #210 MIAMI BEACH, FL 331 ON, JACK RTHEAST 191 STREET MIAMI BEACH, FL 331 ANNA 191 ST.#244 MIAMI BCH, FL 33179 A, FELICIA 191 ST., #302 I, FL 33179 CYNTHIA RTHEAST 191 STREET	Trust Fund RECTORS Delete 79 Delete Compared to the compa	11. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME	DARESS IS 3. NO. 153.	Added to Fees ADDITIONS/CHAN LAS I TAI ONE 191 5 H. MIMMI OLLA CEL ONE 191 5 H. MIMMI OLLA CEL ONE 191 5 H. MIMMI ONE 191 5 TH. MIMMI TH. MIMI TH. MIMI TH. MIMMI TH. MIMMI TH. MIMI TH. MIMMI TH. MIMI	Flow BEACH SC BEACH ST BEACH ST BEACH A BEAC	FL 33	Active of Signature of Signatur	tate 110 Addition Addition Addition Addition

of the corporation or the receiver or trustee empowered to execute this report of changed, or on an attachment with an address, with all of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06 Date