


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90406 011 ****61.25

DOCUMENT # 711479

1. Entity Name
THIRD HORIZONS CONDOMINIUM, INC.



Principal Place of Business
**1530 NE 191 ST.
 NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1530 NORTHEAST 191 ST
 NORTH MIAMI BEACH, FL 33179**

50008366



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03262006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**KATZMAN & KORR
 1501 NW 49TH STREET
 SUITE 202
 FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, TONYA 1530 NE 191 ST., #210 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, JACK 1530 NORTHEAST 191 STREET SUITE 104 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATINO, ANNA 1530 NE 191 ST # 244 NORTH MIAMI BCH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALAMINA, FELICIA 1530 NE 191 ST., #302 N M BCH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISLER, ESTHER 1530 NE 191 ST., #145 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWY, CYNTHIA 1530 NORTHEAST 191 STREET SUITE 303 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VARGAS, TANYA 1530 NE 191 ST #210 NORTH MIAMI BEACH FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CIPOLLA, CELSO 1530 NE 191 ST #307 NORTH MIAMI BEACH FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RIVERA, ALBERTO 1530 NE 191 ST #241 NORTH MIAMI BEACH FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOLOMON, JACK 1530 NE 191 ST #104 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATINO, ANNA 1530 NE 191 ST #244 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tanya Vargas **3/25/06** **305 947 8001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #