

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711479

FILED
Apr 27, 2009
Secretary of State

Entity Name: THIRD HORIZONS CONDOMINIUM, INC.

Current Principal Place of Business:

1530 NE 191 ST.
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1530 NE 191 ST.
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 29-1155632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RELIABLE PROPERTY MANAGEMENT SERVICES INC
18590 NW 67TH AVE
STE 200B
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARTIGA, ALICIA
Address: 1530 NE 191 ST., #308
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: V (X) Delete
Name: SUAREZ, MARTHA
Address: 1530 NE 191 ST., #206
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: BELTRAN, OLGA
Address: 1530 N.E 191 ST #326
City-St-Zip: N MIAMI BEACH, FL 33179

Title: S () Delete
Name: ALAWINA, FELICIA
Address: 1530 NE 191 ST. #302
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: LOEWY, CYNTHIA
Address: 1530 NE 191 ST. #303
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: CIPOLLA, CELSO
Address: 1530 NE 191 ST. #307
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA ARTIGA

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date