

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711479

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** THIRD HORIZONS CONDOMINIUM, INC.

**Current Principal Place of Business:**

429 LENOX AVENUE #5W07B  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1530 NE 191 STREET  
MIAMI, FL 33179

**Current Mailing Address:**

429 LENOX AVENUE #5W07B  
MIAMI BEACH, FL 33139

**New Mailing Address:**

PO BOX 4216  
CORAL GABLES, FL 33114

FEI Number: 29-1155632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIRZA BASULTO & ROBBINS, LLP  
14160 NW 77 COURT  
SUITE 22  
MIAMI LAKES, FL 33016 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: PD  
Name: CIPOLLA, CELSO  
Address: 1530 NE 191 STREET #307  
City-St-Zip: MIAMI, FL 33179

Title: D  
Name: LOEWY, CYNTHIA  
Address: 1530 N.E 191 STREET #303  
City-St-Zip: MIAMI, FL 33179

Title: TSD  
Name: ALAMINA, FELICIA  
Address: 1530 NE 191 STREET #302  
City-St-Zip: MIAMI, FL 33179

Title: VPD  
Name: ROJAS, PABLO  
Address: 1530 NE 191 STREET #122  
City-St-Zip: MIAMI, FL 33179

Title: D  
Name: LEWIS, BLANCHE  
Address: 1530 NE 191 STREET #304  
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: CELSO CIPOLLA

PD

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date