

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **747557** (7)  
1. Corporation Name  
**THE HORIZONS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8055 SW 107TH AVENUE  
MIAMI FL 33173**

Mailing Address  
**8055 SW 107TH AVENUE  
MIAMI FL 33173**

3. Date Incorporated or Qualified  
**06/08/1979**

3a. Date of Last Report  
**02/13/1995**

4. FEI Number  
**59-1912390**

Applied For  
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 ☐ Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 ☐ Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**TRIAY CARLOS A  
999 PONCE DE LEON BLVD  
STE 1110  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

**D  
DRANOW, SHARON  
8033 SW 107 AVE. #307  
MIAMI FL**

☐ DELETE

**SD  
BAKER, STEPHEN  
8025 SW 107 AVE #316  
MIAMI FL**

☐ DELETE

**VPD  
STRASHUN, RUTH  
8015 SW 107 AVE #308  
MIAMI FL**

☐ DELETE

**PD  
VIAS, JOSE M. J  
8065 SW 107 AVE #108  
MIAMI FL**

☐ DELETE

**TD  
ARMAND, TERESA  
8005 SW 107 AVE #315  
MIAMI FL**

☐ DELETE

**D  
LLANSO, LUCIA  
8075 SW 107 AVE #213  
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

**TD  
Vias, Jose M. J  
8065 S.W. 107 Ave. # 108  
Miami, Fl. 33173**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

**PD  
Armand, Teresa  
8005 S.W. 107 Ave. # 315  
Miami, Fl. 33173**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed 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: *Sharon Dranow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)