1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 747557**

THE HORIZONS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8055 SW 107TH AVENUE MIAMI FL 33173	14275 SW 142ND AVE MIAMI FL 33186 US

## **FILED** Feb 24, 1999 8:00 am Secretary of State

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2. 21	2. Principal Place of Business			Mailing Address	,,			3.	Date Incorporated or Qualifed 06/08/1979		
	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				4.	FEI Number	٠.	Applied For
22			27					1	59-1912390		Not Applicable
23	City & State		28	City & State				5.	Certificate of Status Desired		\$8.75 Additional Fee Required
24	Zip	Country 25	29	Zip	Co.	untry		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	9. Nam	e and Address of Cu		stered Agent	1001	10. Name and Address of New Registered Agent					
	Name and Adaptive of Constituting Constituti					81	Name				
TRIAY CARLOS A 999 PONCE DE LEON BLVD					82	Street Address (P.O. Box Number is Not Acceptable)					
1	STE 1110					83					
	CORAL GABLES FL 33134						City				85 Zip Code

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.

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SIGNATURE	Signature, typed or printed name of registered agent and tibe if applicable.	(NOTE: Rec	nistered Agent signature r	equired when reinstating) DATE		<del></del>			
12.	OFFICERS AND DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DIT	DELETE	1.1 TITLE	PP	Change	Addition			
NAME	WISOTSKY, PAUL		12 NAME	Elliat Facey					
STREET ADDRESS	8035 SW 107 AVE 310		1.3 STREET ADORESS	8045 S.W. 107 - Ame #311	•	1			
CITY-ST-ZIP	MIAMI FL 33173		1,4 CITY-ST-ZIP	Miami, F1. 33173	· .				
TITLE		DELETE	2.1 TITLE		Change	Addition			
NAME	HALPERN, RUTH		2.2 NAME	Wisotsky, Paul 9035 Sw. 107 Ane # 310					
STREET ADDRESS	8025 SW 107 AVE 207		2.3 STREET ADDRESS	9035 5w. 107 Ane # 310					
CITY-ST-ZIP	MIAMI FL 33173		2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE	D	Change	Addition			
NAME	STRASHUN, RUTH		3.2 NAME	D Strashun, Ruth 8015 sm. 107 Ac #308	•				
STREET ADDRESS	8015 SW 107 AVE #308		3.3 STREET ADDRESS	8015 SM. 107 AL					
CITY-ST-ZIP	MIAMI FL.		3.4. CITY-ST-ZIP	Miami, F1. 33173					
TITLE		DELETE	4.1 TITLE	0/5	Change	Addition			
NAME	VIAS, JOSE M. J		4.2 NAME	VIAS, JOSE M.					
STREET ADDRESS	8065 SW 107 AVE #108		4.3 STREET ADDRESS	8065 qu. 107 Ane \$108					
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miani, F1 33173	<u>-</u>				
TITLE	VPD	DELETE	5.1 TITLE		Change	Addition			
NAME	ARMAND, TERESA		5.2 NAME		•				
STREET ADDRESS	8005 SW 107 AVE #315		5.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP						
TITLE	D	DELETE	6.1 TITLE		Change	Addition			
NAME	LLANSO, LUCIA		6.2 NAME	·					
STREET ADDRESS	8075 SW 107 AVE #213		6.3 STREET ADDRESS						
OF 70	MANAGE ET		64 CITY-ST-ZIP	}		i			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on appears an address, with all other like empowered.

SIGNATURE: