

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90002 030 ****61.25

DOCUMENT # 747557

1. Entity Name
THE HORIZONS PROPERTY OWNERS ASSOCIATION,
INC.



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

Mailing Address
14275 SW 142ND AVE
MIAMI, FL 33186 US

00054271



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1912390

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIAY CARLOS A
~~099 PONCE DE LEON BLVD~~
~~STE 1110~~
CORAL GABLES, FL 33134

New Mailing Address

Name

Street Address (P.O. Box Number is Not Acceptable)

Doral Corporate Center II Suite 100
3750 NW 87th Avenue

City

Doral

FL

Zip Code

33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FASSY, ELLIOT
8045 SW 107TH AVE #311
MIAMI, FL 33173 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Michael J. Adda
8025 SW 107 AVE. #116
Miami, FL 33173 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WISOTSKY, PAUL
8035 SW 107 AVE #310
MIAMI, FL 33173 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Jesus Polo
8075 SW 107 AVE. # 301
MIAMI, FL 33173 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DD
OXLEY, KEITH
8015 SW 107 AVE #204
MIAMI, FL 33173 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SHENTY TORRES
8045 SW 107 AVE. # 319
MIAMI, FL 33173 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
OBRENTZ, MARTIN
8065 SW 107 AVE #120
MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVID R. CASTILLO
8015 SW 107 AVE. # 203
MIAMI, FL 33173 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARMAND, TERESA
8005 SW 107 AVE #315
MIAMI, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARIO ESCOBAR
8035 SW 107 AVE. # 319
MIAMI, FL 33173 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LLANSO, LUCIA
8075 SW 107 AVE #213
MIAMI, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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:

Martin Obrentz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/05

Date

(305) 274 7649

Daytime Phone #