

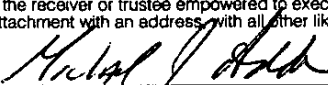


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90003 024 \*\*\*\*61.25

<b>DOCUMENT # 747557</b> 1. Entity Name <b>THE HORIZONS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8055 SW 107TH AVENUE MIAMI, FL 33173</b>			Mailing Address <b>14275 SW 142ND AVE MIAMI, FL 33186 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01252006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-1912390</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>TRIAY CARLOS A SUITE 100 DORAL CORPORATE CENTER II, SUITE 100 3750 NW 87TH AVE DORAL, FL 33178</b>		7. Name and Address of New Registered Agent  Name <b>TRIAY, Carlos A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Doral Corporate Center II # 100</b> <b>3750 NW 87 AVE.</b> City <b>MIAMI</b> FL Zip Code <b>33178</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ADDA, MICHAEL J</b> <b>8025 SW 107 AVE # 116</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ADDA, MICHAEL J</b> <b>8025 SW 107 AVE. # 116</b> <b>MIAMI, FL 33173</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>POLO, JESUS</b> <b>8075 SW 107 AVE, # 301</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARIO ESCOBAR</b> <b>8035 SW 107 AVE. # 319</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>TORRES, SHENTY</b> <b>8045 SW 107 AVE, # 319</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>OBRENTZ, MARTIN</b> <b>8065 SW 107 AVE #120</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARMAND, TERESA</b> <b>8005 SW 107 AVE #315</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CASTILLO, DAVID R</b> <b>8015 SW 107 AVE, # 208</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <span style="float: right;">2/15/06</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					