

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 15, 2009
Secretary of State

DOCUMENT# 747557

Entity Name: THE HORIZONS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8055 SW 107TH AVENUE
MIAMI, FL 33173**New Principal Place of Business:****Current Mailing Address:**14275 SW 142ND AVE
MIAMI, FL 33186 US**New Mailing Address:****FEI Number:** 59-1912490**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRIAY CARLOS A
DORAL CORPORATE CTR II 100
3750 NW 87 AVE
MIAMI, FL 33178 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:** PRES () Delete
Name: ADDA, MICHAEL J
Address: 8025 SW 107 AVE. # 116
City-St-Zip: MIAMI, FL 33173**Title:** VP () Delete
Name: ELDREDGE, STACY A
Address: 8045 SW 107 AVE. # 202
City-St-Zip: MIAMI, FL 33173**Title:** SECR () Delete
Name: HERRERA-SUAREZ, HILDA H
Address: 8035 SW 107 AVE. # 119
City-St-Zip: MIAMI, FL 33173**Title:** TREA () Delete
Name: OBRENTZ, MARTIN S
Address: 8065 SW 107 AVE. # 120
City-St-Zip: MIAMI, FL 33173**Title:** DIR () Delete
Name: ARMAND, MARIA T
Address: 8005 SW 107 AVE. # 315
City-St-Zip: MIAMI, FL**Title:** DIR () Delete
Name: POLO, JESUS
Address: 8075 SW 107 AVE. # 301
City-St-Zip: MIAMI, FL 33173**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DIR (X) Change () Addition
Name: ROSS, DIANA
Address: 8005 SW 107 AVE. # 203
City-St-Zip: MIAMI, FL**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J ADDA

PRES

07/15/2009

Electronic Signature of Signing Officer or Director

Date