

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 # 749403 (2)
1. Corporation Name
HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC



Principal Place of Business Mailing Address
1420 N ATLANTIC AVENUE DAYTONA BEACH FL 32118-3557
1420 N ATLANTIC AVENUE DAYTONA BEACH FL 32118-3557

3. Date Incorporated or Qualified 10/18/1979
3a. Date of Last Report 04/10/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number 59-2065130 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

9. Name and Address of Current Registered Agent
DAHLSTROM, RICHARD C.
1420 N. ATLANTIC AVE 101
DAYTONA BCH. FL 32118

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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.

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	PD	<input type="checkbox"/> DELETE
NAME	UPTON, HUGH	
STREET ADDRESS	1420 N. ATLANTIC 803	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHASE, EDWIN R.	
STREET ADDRESS	1420 N ATLANTIC #301	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DENIGHT, WILLIAM	
STREET ADDRESS	1420 N, ATLANTIC 904	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARSTER, ROBERT	
STREET ADDRESS	1420 N ATLANTIC #1504	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SELOVER, LEONARD	
STREET ADDRESS	1420 N. ATLANTIC #202	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM DE NIGHT	
1.3 STREET ADDRESS	1420 N ATLANTIC 904	
1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEONARD SELOVER	
2.3 STREET ADDRESS	1420 N ATLANTIC #202	
2.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUGH D. UPTON	
3.3 STREET ADDRESS	1420 N ATLANTIC AVE #801	
3.4 CITY-ST-ZIP	DAYTONA BCH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT GARSTER	
4.3 STREET ADDRESS	1420 N ATLANTIC AVE #1504	
4.4 CITY-ST-ZIP	DAYTONA BCH FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EDWIN CHASE	
5.3 STREET ADDRESS	1420 N ATLANTIC AVE #301	
5.4 CITY-ST-ZIP	DAYTONA BCH FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: *Leonard Selover* 4-25-96 904-255-0790
LEONARD SELOVER, T. Date Daytime Phone #

CR2E037 (12/95)