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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749403** (2)

1. Corporation Name

HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC

Principal Place of Business

**1420 N ATLANTIC AVENUE
DAYTONA BEACH FL 32118-3557**

Mailing Address

**107 NE 1ST AVE
OCALA FL 34470
US**



3. Date Incorporated or Qualified

10/18/1979

4. FEI Number

59-2065130

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAHLSTROM, RICHARD C.
1420 N. ATLANTIC AVE 101
DAYTONA BCH. FL 32118**

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	DE NIGHT, WILLIAM	
STREET ADDRESS	1420 N ATLANTIC 904	
CITY-ST-ZIP	DAYTONA BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALVATZ, VALERIE	
STREET ADDRESS	1402 N ATLANTIC BLVD 601	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	UPTON, HUGH D	
STREET ADDRESS	1420 N ATLANTIC AVE 801	
CITY-ST-ZIP	DAYTONA BCH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARSTER, ROBERT	
STREET ADDRESS	1420 N ATLANTIC AVE #1504	
CITY-ST-ZIP	DAYTONA BCH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHASE, EDWIN	
STREET ADDRESS	1420 ATLANTIC AVE #301	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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 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 an attachment with an address.

SIGNATURE:  **SIGNATURE REQUIRED**

1/10/98

(904) 255-0790

CR2E037 (10/97)