

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90011 021 ****70.00

0070179

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749403

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 10/18/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2065130

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Director Change Addition
 1.2 NAME Paul Ritzinger
 1.3 STREET ADDRESS 1420 N Atlantic Ave. #501
 1.4 CITY-ST-ZIP Daytona Beach, FL 32118

TITLE D DELETE
 NAME SALVATZ, VALERIE
 STREET ADDRESS 1402 N ATLANTIC BLVD 601
 CITY-ST-ZIP DAYTONA BEACH FL

2.1 TITLE VP Change Addition
 2.2 NAME Valerie Salvato
 2.3 STREET ADDRESS 1420 N Atlantic Ave. #601
 2.4 CITY-ST-ZIP Daytona Beach, FL 32118

TITLE V DELETE
 NAME UPTON, HUGH D
 STREET ADDRESS 1420 N ATLANTIC AVE 801
 CITY-ST-ZIP DAYTONA BCH FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME GARSTER, ROBERT
 STREET ADDRESS 1420 N ATLANTIC AVE #1504
 CITY-ST-ZIP DAYTONA BCH FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME CHASE, EDWIN
 STREET ADDRESS 1420 ATLANTIC AVE #301
 CITY-ST-ZIP DAYTONA BEACH FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 any attachment with an address, with all other like empowered.

SIGNATURE:

Richard C. Dahlstrom
 RICHARD C. DAHLSTROM ✓

904-255-0790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)