

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 749403**

1. Entity Name

**HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC** ✓

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90103 007 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2065130**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SALVATO, VALERIE	
STREET ADDRESS	1402 N ATLANTIC BLVD 601	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	<del>V</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>UPTON HUGH.D.</del>	
STREET ADDRESS	<del>1420 N ATLANTIC AVE 801</del>	
CITY-ST-ZIP	<del>DAYTONA BCH FL</del>	
TITLE	SD	<del><input checked="" type="checkbox"/> Delete</del>
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	D	<input type="checkbox"/> Delete
NAME	RITZINGER, PAUL	
STREET ADDRESS	1420 N. ATLANTIC AVE #601	
CITY-ST-ZIP	DAYTONA BCH FL 32118	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D STANLEY BOOICE	
STREET ADDRESS	1420 N. ATLANTIC AVE #401	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** *[Signature]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00 904255-0790  
 Date Daytime Phone #

CR2E037 (5/00)