

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90145 038 ****70.00

DOCUMENT # 749403

1. Entity 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

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARY & PEGGIE SPRINKLE
 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

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

TITLE Change Addition
 NAME **DENIGHT, WILLIAM**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SALVATO, VALERIE**
 STREET ADDRESS **1402 N ATLANTIC BLVD 601**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BOOKE, STANLEY**
 STREET ADDRESS **1420 N ATLANTIC AVE #401**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **HUNTER, RJ**
 STREET ADDRESS **100 HIGH PARK DRIVE**
 CITY-ST-ZIP **NEW ALBANY IN 47150**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RITZINGER, PAUL** #501
 STREET ADDRESS **1420 N. ATLANTIC AVE**
 CITY-ST-ZIP **DAYTONA BCH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS **1420 N ATLANTIC AVE** #501
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **CLARKE, GENE**
 STREET ADDRESS **1402 N ATLANTIC AVE #1503**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM DENIGHT 1/10/02 (386) 255-0790
 Date Daytime Phone #

CR2E037 (9/01)