2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749403

FILED Jul 08, 2004 Secretary of State

Entity Name: HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1420 N ATLANTIC AVENUE DAYTONA BEACH, FL 321183557 **Current Mailing Address: New Mailing Address:** 107 NE 1ST AVE 1420 NORTH ATLANTIC AVENUE OCALA, FL 34470 US DAYTONA BEACH, FL 32118 FEI Number: 59-2065130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILI, REMY 1420 N. ATLANTIC AVE 101 DAYTONA BCH., FL 32118 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRICK, JOE Name: Name: 1420 N. ATLANTIC AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KAZMI, REHANA Name: Address: 1420 N. ATLANTIC AVE 1908 Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: Title: () Delete Title: (X) Change () Addition SHARMA, JOR Name: SHARMA, JOSEPH Name: 1420 N. ATLANTIC AVE Address: Address: 1420 N. ATLANTIC AVE City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: DAYTONA BEACH, FL 32118 Title: () Delete Title: (X) Change () Addition Name: WHITTLOW, CHARLES Name: GAUGHN, DAVID 1420 N. ATLANTIC AVE 1401 Address: 1420 N. ATLANTIC AVE 1604 Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: DAYTONA BEACH, FL 32118 Title: () Delete Title: () Change (X) Addition HUNTER, JACK Name: Name: 1420 N. ATLANTIC AVE 1401 Address: Address: City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE BRICK PRES 07/08/2004