


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90048 046 ****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 1420 NORTH ATLANTIC AVENUE 101 DAYTONA BEACH, FL 32118 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2065130	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOLLAHITE, DENISE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICK, JOE		NAME	HUNTER, JACK	
STREET ADDRESS	1420 N. ATLANTIC AVE., #1704		STREET ADDRESS	1001 CHAPEL CREEK TRAIL	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	NEW ALBANY, IN 47150	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OENIGHT, WILLIAM		NAME	CARVER, ROBERT	
STREET ADDRESS	1420 N ATLANTIC AVE. 904		STREET ADDRESS	5553 MASTERS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARMA, JOSEPH		NAME		
STREET ADDRESS	1420 N. ATLANTIC AVE., 1802		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOPALD, JONATHAN		NAME	KAZMI, REHANA	
STREET ADDRESS	88 FOREST HILL ROAD		STREET ADDRESS	1420 N. ATLANTIC AVE. 1901	
CITY-ST-ZIP	FORT MONTGOMERY, NY 10922		CITY-ST-ZIP	Daytona Beach FL 32118	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZINGER, PAUL		NAME		
STREET ADDRESS	1420 N ATLANTIC AVE 501		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Denise Dollahite</u>		Date: <u>7/3/07</u>		Daytime Phone #: <u>3862550790</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					