


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90063 003 ****61.25

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**

40001374



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03112008	Chg-NP	CR2E037 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2065130		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, JACK			NAME			
STREET ADDRESS	1001 CHAPEL CREEK TRAIL			STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY, IN 47150			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARVER, ROBERT			NAME			
STREET ADDRESS	5553 MASTERS BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHARMA, JOSEPH			NAME	Larry Cook		
STREET ADDRESS	1420 N. ATLANTIC AVE., 1802			STREET ADDRESS	29480 Green Road		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118			CITY-ST-ZIP	Garden, IN 47106		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAZMI, REHANA			NAME	Bryan A. Fitzgerald		
STREET ADDRESS	1420 N. ATLANTIC AVE #1901			STREET ADDRESS	8437 Carolina Drive		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118			CITY-ST-ZIP	Orlando, FL 32819		
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: *[Signature]* **3-11-08** **386 257 9870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #