749403

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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Lucinees Lines, Manie)	
	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	l
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RA Change 12-3-10 Dc

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Horizons Condominium Management Association Inc					
Name of Corporation					
DOCUMENT NUMBER:	74940)3			
The enclosed Statement of Change	of Registered Office/Agent	and fee are submitted	for filing.		
Please return all correspondence cor	ncerning this matter to the	following:			
	Susan Gende				
	Name of Contact Pe	erson			
	Гуler Property Manage	ment LLC			
	Firm/Company				
1420 N Atlantic Ave					
	Address				
	Daytona Beach, Fl.	32118			
	horizoncondo@cfl.r	r.com			
E-mail address: (to be used for future annual report notification)					
For further information concerning	this matter, please call:				
Susan Gende	esat (_	386) Area Code & Daytime	255-0790		
Name of Contact Per	rson A	Area Code & Daytime	Telephone Number		
Enclosed is a \$35.00 check made pa	yable to the Department of	State.			
Mailing Ad Amendmen		Street Address: Amendment Section			
	f Corporations	Division of Corpo	orations		
P.O. Box 6 Tallahasse	e, FL 32314	Clifton Building 2661 Executive C	Center Circle		
	-,	Tallahassee, FL 3			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stainger is submitted for a corporation organized under the laws of the State of \overline{Flo}	
in orde	er to change its registered office or registered agent, or both, in the State of Flor	rida.
	the corporation: Horizons Condominium Management Asso	ciation,Inc.
2. The principal	office address: 1420 N Atlantic Ave , Daytona Beach, FL 32118	
3. The mailing a	nddress (if different):	
4. Date of incorp	poration/qualification: 11/22/79 Document number:	749403
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the
	Dollahite, Denise	120
	1420 N Atlantic Ave, Daytona Beach, Fl. 32118	
	resigned	0V 29
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	A STATE OF THE STA
	Tyler Property Management, LLC	15 5
	1420 N Atlantic Ave	
	P.O. Box NOT acceptable Daytona Beach, FL 32118	
	ess of its registered office and the street address of the business office of its a be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an of the board, or the comporation has been notified in writing of the change.	fficer so
(Signatur	Valerie SIVATO re of an officer of director Valerie SIVATO Printed or typed name and title	President
_	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comply and I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	lete performance agent. Or, if this confirm that the
Sig	mature of Registered Agent Date	
SUSAN	chalf of an entity: Services	
T	yped or Printed Name	

* * * FILING FEE: \$35.00 * * *