

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90271 007 ****61.25

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DOCUMENT # 751812

1. Entity Name
HORIZON HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**2555 N.E. 11TH STREET
FT. LAUDERDALE FL 33304**

Mailing Address
**2555 N.E. 11TH STREET
FT. LAUDERDALE FL 33304**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



11010001



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2142869** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MCVEIGH, EDWARD J.
2555 N.E. 11TH STREET #406
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent
Name: **EDWARD J. McVEIGH**
Street Address (P.O. Box Number is Not Acceptable): **2555 NE 11TH ST OFFICE**
City: **FT. LAUDERDALE** FL Zip Code: **33304**

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCVEIGH, EDWARD J. 2555 N.E. 11TH ST FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWELL, GREG 2555 N.E. 11TH ST FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAROL LUCIANO 2555 NE 11TH ST 203 FT. LAUDERDALE FL, 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POSSON, JEFF 2555 NE 115TH ST 603 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VITA, LINDA 2555 NE 11TH STREET 501 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANNERY, PATRICK 1617 SE 15TH STREET FORT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH SENRA 2555 N.E. 11TH ST 1007 FT. LAUDERDALE FL, 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4-25-03 954-525-7950**

CR2E037 (10/02)