

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755575

FILED
Feb 17, 2009
Secretary of State

Entity Name: THE HORIZONS WEST CONDOMINIUM NO. 1 ASSOCIATION, INC.

Current Principal Place of Business:

8400 SW 133 AVE RD - SUITE 221
MIAMI, FL 33186

New Principal Place of Business:

8400 SW 133 AVE RD - SUITE 221
MIAMI, FL 33183

Current Mailing Address:

11981 SW. 144 CT.
STE 201
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-2066758 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PAIGE, ROBERT ESQ.
9500 SOUTH DADELAND BLVD - SUITE 550
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LORING, BEA
Address: 8400 SW 133 AVE. RD. #210
City-St-Zip: MIAMI, FL 33183

Title: T () Delete
Name: EUGENIO, OLIVA
Address: 8400 SW 133 AVE # 322
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: PILLOT, CARMEN
Address: 8400 SW 133 AVE
City-St-Zip: MIAMI, FL 33183

Title: VS () Delete
Name: NAVARRO, PAULINA
Address: 8400 SW 133 AVE. RD. # 1-116
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: OROPESA, CARLOS
Address: 8400 SW 133 AVE. RD. #221
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BEA LORING

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date