2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AM Secretary of State **DOCUMENT # 755658** 1. Entity Name THE HORIZONS WEST CONDOMINIUM NO. 2 ASSOCIATION, INC. Principal Place of Business Mailing Address H.W. #2 C/O JOENSCO 13000 S.W. 133 CT MIAMI FL 33186 H.W. #2 C/O JOENSCO 13000 S.W. 133 CT MIAMI FL 33186 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2066759 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SORDIA, JOE Street Address (P.O. Box Number is Not Acceptable) 13000 S.W. 133 COURT **MIAMI FL 33186** 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. IIIL Delete TITLE ☐ Change ☐ Addition NAME ESTRADA, SILVIA NAME U00000622972 STREET ADDRESS STRULT ADDRESS 13000 S.W. 133 COURT 02/13/07-80047-024 61.25 CITY-SI-ZIP CITY-ST-7IP MIAMI FL 33186 TILLE **TSD** ☐ Delete Change TITLE Addition NAME RODRIGUEZ, EMMA NAME STREET ADDRESS STREET ADDRESS 13000 S.W. 133 COURT CITY-ST-ZIP MIAMI FL 33186 CITY-S1-ZIP ☐ Delete TITLE Change Addition NAME NAME RODRIGUEZ, MIGDALIA STREET ADDRESS STREET ADDRESS 13000 SW 133 CT CHY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITLE Change Addition NAME NAME BENDANA, DAISY STREET ADDRESS STREET ADDRESS 13000 SW 133 CT CITY-SI-7IP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITLE □ Change Addition NAME NIN, AUREA NAME STREET ADDRESS 13000 SW 133 CT STRUET ADDRESS CITY - ST - ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes | 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 offect as if made under eath; 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

resident

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE