2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 19, 2008
Secretary of State

DOCUMENT# 755658

Entity Name: THE HORIZONS WEST CONDOMINIUM NO. 2 ASSOCIATION, INC.

Current Principal Place of Business:

H.W. #2 C/O JOENSCO
13000 S.W. 133 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

H.W. #2 C/O JOENSCO
13000 S.W. 133 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2066759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY S
3300 PGA BLVD. SUITE 530
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ARMENGOL, LOURDES ESQ.
7850 NW 146 STREET,
SUITE 424
MIAMI LAKES, FL 33016 US

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: LOURDES ARMENGOL, ESQ. 05/19/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ESTRADA, SILVIA
Address: 13000 S.W. 133 COURT
City-St-Zip: MIAMI, FL 33186

Title: TSD ( ) Delete
Name: RODRIGUEZ, EMMA
Address: 13000 S.W. 133 COURT
City-St-Zip: MIAMI, FL 33186

Title: DV ( ) Delete
Name: RODRIGUEZ, MIGDALIA
Address: 13000 SW 133 CT
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: BENDANA, DAISY
Address: 13000 SW 133 CT
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: NIN, AUREA
Address: 13000 SW 133 CT
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: CLARK, PHYLLIS
Address: 8259 N. MILITARY TRAIL #11
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: SILVIA ESTRADA PD 05/19/2008
Electronic Signature of Signing Officer or Director Date