2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
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:

ARMENGOL, LOURDES ESQ.
7850 NW 146 STREET,
SUITE 424
MIAMI LAKES, FL 33016 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:	SOSA, JORGE	
Address:	13000 S.W. 133 COURT	
City-St-Zip:	MIAMI, FL 33186	
Title:	VP	( ) Delete
Name:	PUIG SANTIAGO, ROSARIO	
Address:	13000 S.W. 133 COURT	
City-St-Zip:	MIAMI, FL 33186	
Title:	S	( ) Delete
Name:	RODRIGUEZ, EMA	
Address:	13000 SW 133 CT	
City-St-Zip:	MIAMI, FL 33186	
Title:	T	( ) Delete
Name:	DOMINGUEZ, NATIVIDAD	
Address:	13000 SW 133 CT	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	(X) Delete
Name:	HART,, MARIA ELENA	
Address:	13000 SW 133 CT	
City-St-Zip:	MIAMI, FL 33186	

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:	

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: JORGE SOSA PD 01/06/2009
Electronic Signature of Signing Officer or Director — Date