2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

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

Sep 13, 2004 8:00 am Secretary of State DOCUMENT # N00000000485 1. Entity Name 09-13-2004 90002 029 ****61 25 HORIZONS WEST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3401 GULF DRIVE 3401 GULF DRIVE **HOLMES BEACH FL 34217** HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip 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 FIGARI, WANDA Street Address (P.O. Box Number is Not Acceptable) 3401 GULF DRIVE, #122 **HOLMES BEACH FL 34217** City 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. 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Addition FIGARI, WANDA NAME NAME 3401 GULF DRIVE, #122 STREET ADDRESS STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATURO, BOB NAME NAME 3401 GULF DRIVE STREET ADDRESS STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZiP Secretary TITLE Delete TITLE ☐ Change **Addition** SULLIVAN, PAT Bindley, Mike NAME NAME 3401 GULF DRIVE STREET ADDRESS STREET ADDRESS 3401 Coulf Drive HOLMES BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP Holmes Beach, FL 34217 TITLE ☐ Change ☐ Delete TITLE ☐ Addition FIGARI, LOU 3401 GULF DRIVE STREET ADDRESS STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition MATURO, DIANE NAME NAME 3401 GULF DRIVE,#111 STREET ADDRESS STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ANDERSON, GREG NAME NAME 3401 GULF DR. # 112 STREET ADDRESS STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP 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

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