FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711479 (6)

1. Corporation Name
THIRD HORIZONS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179	1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 29-1155632 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUSS, BENJAMIN 1530 NE 191ST N MIAMI BEACH FL 33179 Robert W Smith 1530 NE 191 St NMB Fla 33179 Apt 146	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert W. Smith — 4-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	KALMUS, MURIEL	1.2 NAME	
STREET ADDRESS	1530 NORTHEAST 191ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 0	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Trea. ☑ Change ☐ Addition
NAME	ARCHINAL, DOLORES	2.2 NAME	Delores Smith
STREET ADDRESS	1530 NORTHEAST 191ST	2.3 STREET ADDRESS	1530 NE 171 St Apt 146
CITY-ST-ZIP	N MIAMI BEACH, FL 0	2.4 CITY-ST-ZIP	NMB Fla 33179
TITLE	D	3.1 TITLE	President ☑ Change ☐ Addition
NAME	SMITH, ROBERT	3.2 NAME	Robert Smith
STREET ADDRESS	1530 NORTHEAST 191 ST	3.3 STREET ADDRESS	1530 NE 171 St Apt 146
CITY-ST-ZIP	N MIAMI BEACH, FL 0	3.4 CITY-ST-ZIP	NMB Fla 33179
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	FABIAN, FRANK	4.2 NAME	
STREET ADDRESS	1530 N E 191 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 0	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, BLANCHE	5.2 NAME	
STREET ADDRESS	1530 NORTHEAST 191 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	V. P. ☑ Change ☐ Addition
NAME	SMITH, GEORGE	6.2 NAME	
STREET ADDRESS	1530 NORTHEAST 191 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 0	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W Smith — 1-5-95 — 305-944-1209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044837