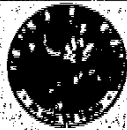


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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. FBI Number

29-1155632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

28

Country

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	KALMUS, MURIEL
STREET ADDRESS	1530 NORTHEAST 191ST
CITY- ST- ZIP	N MIAMI BEACH, FL 0
TITLE	D
NAME	ARCHINAL, DOLORES
STREET ADDRESS	1530 NORTHEAST 191ST
CITY- ST- ZIP	N MIAMI BEACH, FL 0
TITLE	D
NAME	SMITH, ROBERT
STREET ADDRESS	1530 NORTHEAST 191 ST
CITY- ST- ZIP	N MIAMI BEACH, FL 0
TITLE	VT
NAME	FABIAN, FRANK
STREET ADDRESS	1530 N E 191 ST
CITY- ST- ZIP	N MIAMI BEACH, FL 0
TITLE	D
NAME	LEWIS, BLANCHE
STREET ADDRESS	1530 NORTHEAST 191 ST
CITY- ST- ZIP	N MIAMI BEACH FL
TITLE	D
NAME	SMITH, GEORGE
STREET ADDRESS	1530 NORTHEAST 191 ST
CITY- ST- ZIP	N MIAMI BEACH, FL 0

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TREN. Delores Smith
2.3 STREET ADDRESS	1530 NE 171 St Apt 146
2.4 CITY- ST- ZIP	NMB Fla 33179
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	President Robert Smith
3.3 STREET ADDRESS	1530 NE 171 St Apt 146
3.4 CITY- ST- ZIP	NMB Fla 33179
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	V.P.
6.3 STREET ADDRESS	
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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

305-944-1209

Date

Daytime Phone