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02-05-1999 90005 050 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710864

1. Corporation Name

FIRST HORIZONS CONDOMINIUM, INC.

Principal Place of Business

1550 N.W. 191 ST.
1550 NORTHEAST 191 ST
N. MIAMI BEACH FL 33179
US

Mailing Address

1550 N.E. 191 ST.
1550 NORTHEAST 191 ST
N. MIAMI BEACH FL 33179
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/10/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1152393

City & State

City & State

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSS, RENA
1550 NE 191ST ST
N MIAMI BEACH FL 33179

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	KANTER, VICTOR	1550 NE 191 ST N MIAMI BCH FL		<input type="checkbox"/>
D	HYNES, ANGELINA	1550 NE 191 STREET N MIAMI BCH FL		<input type="checkbox"/>
PD	MOSS, RENA	1550 NE 191 STREET N MIAMI BCH FL		<input type="checkbox"/>
SD	PERCY, LINDA	1550 NE 191 STREET N MIAMI BCH FL		<input type="checkbox"/>
D	SCHEINHOTZ, ROSE	1550 NE 191 STREET N MIAMI BCH FL		<input type="checkbox"/>
DT	HAVELOCK, LEWIS	1550 NE 191 ST N MIAMI BCH FL		<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

305-891-3895
305-945-9535

CR2E037 (11/98)