

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710864

FILED
Jan 12, 2009
Secretary of State

Entity Name: FIRST HORIZONS CONDOMINIUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1152393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, RENA
1550 NE 191ST ST
N MIAMI BEACH, FL 33179 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: SD () Delete
Name: PADILLA, FERNANDO
Address: 1550 NORTHEAST 191 ST #201
City-St-Zip: N. MIAMI BCH, FL 33179

Title: PD () Delete
Name: MOSS, RENA
Address: 1550 NE 191 STREET
City-St-Zip: N MIAMI BCH, FL

Title: DT () Delete
Name: HAVELOCK, LEWIS
Address: 1550 NE 191 ST
City-St-Zip: N MIAMI BCH, FL

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:

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: RENA MOSS

MS

01/12/2009

Electronic Signature of Signing Officer or Director

Date