

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710864

Entity Name: FIRST HORIZONS CONDOMINIUM, INC.**Current Principal Place of Business:**1550 NORTHEAST 191 ST
N. MIAMI BEACH, FL 33179**Current Mailing Address:**1550 NORTHEAST 191 ST
#108
N. MIAMI BEACH, FL 33179 US**FEI Number:** 59-1152393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	SD
Name	PADILLA, FERNANDO
Address	1550 NORTHEAST 191 ST #201
City-State-Zip:	N. MIAMI BCH FL 33179

Title	PD
Name	MOSS, RENA
Address	1550 NE 191 STREET #108
City-State-Zip:	N MIAMI BCH FL 33179

Title	DT
Name	SHULA, LUCAS
Address	1550 NE 191 ST 107
City-State-Zip:	N MIAMI BCH FL 33179

Title	D
Name	SANTAYANA, MAYELIN
Address	1550 NE 191ST STREET 204
City-State-Zip:	N MIAMI BCH FL 33179

Title	DIRECTOR
Name	LOOKRWAH-ANDREWS, LILAWATEE
Address	1550 NORTHEAST 191 ST 303
City-State-Zip:	N. MIAMI BEACH FL 33179

I hereby 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 all other like empowered.

SIGNATURE: RENA MOSS**PRESIDENT****01/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date