

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711360

**Entity Name:** NEW HORIZONS CONDOMINIUM MASTER ASSOCIATION, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**0425949960CC**

**Current Principal Place of Business:**

1500 N.E. 191ST STREET  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

7665 NW 50TH STREET  
MIAMI, FL 33166 US

**FEI Number:** 59-1156946

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNLIMITED PROPERTY MANAGEMENT  
7665 NW 50TH STREET  
MIAMI, FL 33166 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:** NOEL DUQUE

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FIGUERA, JOSE  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

Title            SECRETARY  
Name            DOMINGUEZ, JENNIFER  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

Title            TREASURER  
Name            ALVAREZ, MARGARITA  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

Title            DIRECTOR  
Name            URTARTE, CARMEN  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

Title            DIRECTOR  
Name            VARGAS, FILBERT  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

Title            DIRECTOR  
Name            BARRERA, GELEN  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

Title            SECRETARY  
Name            REVILLA, TULIO  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

*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:** FIGUERA , JOSE

**PRESIDENT**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date