

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711360

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

**FILED**  
**Jan 10, 2018**  
**Secretary of State**  
**CC0818136708**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

14651 BISCAYNE BLVD.  
SUITE 317  
NORTH MIAMI BEACH, FL 33181 US

**FEI Number:** 59-1156946

**Certificate of Status Desired:** No

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

FLORIDIAN MANAGEMENT GROUP  
14651 BISCAYNE BLVD.  
SUITE 317  
NORTH MIAMI BEACH, FL 33181 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:** ROBIN SABOW

01/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LEGOUTE, FLORENCE  
Address 14651 BISCAYNE BLVD.  
SUITE 317  
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title PRESIDENT  
Name SMYLE, MORRIS  
Address 14651 BISCAYNE BLVD.  
SUITE 317  
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title VP  
Name ALVAREZ, MARGARITA  
Address 14651 BISCAYNE BLVD.  
SUITE 317  
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title TREASURER  
Name URTARTEC, CARMEN  
Address 14651 BISCAYNE BLVD.  
SUITE 317  
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title DIRECTOR  
Name BAUMAN, DON  
Address 14651 BISCAYNE BLVD.  
SUITE 317  
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title DIRECTOR  
Name RAM, DAVID  
Address 14651 BISCAYNE BLVD.  
SUITE 317  
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title DIRECTOR  
Name PADILLA, FERNANDO  
Address 14651 BISCAYNE BLVD.  
SUITE 317  
City-State-Zip: NORTH MIAMI BEACH FL 33181

*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:** MORRIS SMYLE

PRESIDENT

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date