

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711479

**Entity Name:** THIRD HORIZONS CONDOMINIUM, INC.

**Current Principal Place of Business:**

1530 NE 191 STREET  
MIAMI, FL 33179

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC5511460503**

**Current Mailing Address:**

PO BOX 14-4216  
CORAL GABLES, FL 33114 US

**FEI Number: 59-1155632**

**Certificate of Status Desired: No**

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

MIRZA BASULTO & ROBBINS, LLP  
14160 NW 77 COURT  
SUITE 22  
MIAMI LAKES, FL 33016 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 VPD  
Name GREENHAUS, MARK  
Address 1530 NE 191 STREET #123  
City-State-Zip: MIAMI FL 33179

Title D  
Name ROJAS, PABLO  
Address 1530 N.E 191 STREET #122  
City-State-Zip: MIAMI FL 33179

Title STD  
Name ALAMINA, FELICIA  
Address 1530 NE 191 STREET #302  
City-State-Zip: MIAMI FL 33179

Title D  
Name AYACHE, CAROLINA  
Address 1530 NE 191 STREET #340  
City-State-Zip: MIAMI FL 33179

Title PD  
Name RIVERA, ALBERTO  
Address 1530 NE 191 STREET #241  
City-State-Zip: MIAMI FL 33179

Title D  
Name MATEOS, SARAH  
Address 1530 NE 191 STREET #325  
City-State-Zip: MIAMI 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: ALBERTO RIVERA**

**PD**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date