

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717062

**Entity Name:** THREE HORIZONS, EAST, CONDOMINIUM, INC.

**Current Principal Place of Business:**

12500 NE 15TH AVENUE  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

C/O BEST WAY PROPERTY MGMT & CONSULTING CO, INC.  
14853 N.E. 20TH AVENUE  
NORTH MIAMI, FL 33181 US

**FEI Number:** 59-1438436

**Certificate of Status Desired:** No

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

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
C-207  
FORT LAUDERDALE, FL 33312 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:** CHARLES F. OTTO, ESQ.

03/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BELL, IDA  
Address        C/O BEST WAY PROPERTY MGMT  
                  &AMP; CONSULTING CO, INC.  
                  14853 N.E. 20TH AVENUE  
City-State-Zip: NORTH MIAMI FL 33181

Title            VP, DIRECTOR  
Name            FERNANDES, COLLENE  
Address        C/O BEST WAY PROPERTY MGMT  
                  &AMP; CONSULTING CO, INC.  
                  14853 N.E. 20TH AVENUE  
City-State-Zip: NORTH MIAMI FL 33181

Title            DIRECTOR  
Name            ACEVEDO, LUIS  
Address        C/O BEST WAY PROPERTY MGMT  
                  &AMP; CONSULTING CO, INC.  
                  14853 N.E. 20TH AVENUE  
City-State-Zip: NORTH MIAMI FL 33181

Title            SECRETARY, DIRECTOR  
Name            JOHN , WENDY  
Address        C/O BEST WAY PROPERTY MGMT  
                  &AMP; CONSULTING CO, INC.  
                  14853 N.E. 20TH AVENUE  
City-State-Zip: NORTH MIAMI FL 33181

Title            DIRECTOR  
Name            RAMOS, JESUS  
Address        C/O BEST WAY PROPERTY MGMT  
                  &AMP; CONSULTING CO, INC.  
                  14853 N.E. 20TH AVENUE  
City-State-Zip: NORTH MIAMI 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:** IDA BELL

PRESIDENT

03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date