

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

12500 NE 15 AVE  
APT 201  
N. MIAMI, FL 33161 US

**FEI Number:** 59-1438436

**Certificate of Status Desired:** Yes

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

DAVID A. HOINES, P.A.  
3081 EAST COMMERCIAL BLVD.  
SUITE 200  
FORT LAUDERDALE, FL 33308-4359 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:** DAVID A. HOINES

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	ASST. TREASURER
Name	QUIJANO, JENNIFER	Name	TRUJILLO, JENNY
Address	12500 NE 15 AVE #201	Address	12500 NE 15 AVE # 214
City-State-Zip:	N. MIAMI FL 33161	City-State-Zip:	N. MIAMI FL 33161
Title	VP	Title	TREASURER
Name	GOUVEA, CELESTE	Name	RAMOS, JESUS
Address	12500 NE 15 AVE #307	Address	12500 NE 15 AVE #216
City-State-Zip:	N. MIAMI FL 33161	City-State-Zip:	N. MIAMI FL 33161
Title	SECRETARY	Title	SECRETARY
Name	LA TORRE, PATRICIA	Name	FERREIRA, MANOEL
Address	12500 NE 15 AVE #606	Address	12500 NE 15 AVE #515
City-State-Zip:	N. MIAMI FL 33161	City-State-Zip:	N. MIAMI FL 33161
Title	ASST. SECRETARY		
Name	JOHN, WENDY		
Address	12500 NE 15 AVE #106		
City-State-Zip:	N. MIAMI FL 33161		

*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:** JENNY TRUJILLO

ASST TREASUER

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date