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.

PRESIDENT

### SIGNATURE: DOUGLAS RAMOS

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# 747561

## Entity Name: THE HORIZONS CONDOMINIUM NO. 4 ASSOCIATION, INC.

## **Current Principal Place of Business:**

8015 SW 107 AVE. MIAMI, FL 33173

### **Current Mailing Address:**

14275 SW 142 AVE MIAMI, FL 33186 US

# FEI Number: 59-1912483

Name and Address of Current Registered Agent:

TRIAY CARLOS A 2301 NW 87 AVENUE SUITE # 501 DORAL, FL 33172 US FILED Jan 11, 2024 Secretary of State 7931028119CC

Date

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	PRESIDENT	Title	VP	
Name	RAMOS, DOUGLAS	Name	PERAMO, NORMA	
Address	8015 SW 107 AVE.	Address	8015 SW 107 AVE.	
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173	
Title	TREASURER	Title	SECRETARY	
Title Name	TREASURER GUERRERO, RUTH	Title Name	SECRETARY EPURE, IUSTINELA	
Name	GUERRERO, RUTH	Name	EPURE, IUSTINELA	

Date

01/11/2024