## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749403** 

Entity Name: HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

**FILED** Mar 06, 2017 **Secretary of State** CC9606533885

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

1420 N ATLANTIC AVENUE DAYTONA BEACH, FL 32118-3579

## **Current Mailing Address:**

1420 N ATLANTIC AVE

DAYTONA BEACH, FL 32118 US

FEI Number: 59-2065130 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION 1420 N. ATLANTIC AVE **OFFICE** 

DAYTONA BEACH, FL 32118 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: JOHN BERRY 03/06/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

VΡ **PRESIDENT** Title Title

Name KOPALD, SUSAN Name TAYLOR, SHARON Address 1420 N. ATLANTIC AVE., UNIT 1603 Address P.O. BOX 10779

City-State-Zip: BROOKSVILLE FL 34603 City-State-Zip: DAYTONA BEACH FL 32118

Title **TREASURER** Title **SECRETARY** 

CARVER, RPBERT A Name Name RITZINGER, CAROL

Address 5553 MASTERS BL. Address 1420 N ATLANTIC AVENUE

**UNIT 501** ORLANDO FL 32819-4021 City-State-Zip:

City-State-Zip: DAYTONA BEACH FL 32118-3579

Title DIRECTOR

WALKER, CAROL BROWN Name 1420 N. ATLANTIC AVE. Address

**UNIT 203** 

DAYTONA BEACH FL 32118 City-State-Zip:

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.

03/06/2017 SIGNATURE: SUSAN KOPALD **PRESIDENT**