

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749403

**Entity Name:** HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC7406930674**

**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**

**03/03/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KAZMI, REHANA  
Address 1420 N ATLANTIC AVE #1901  
City-State-Zip: DAYTONA BEACH FL 32118

Title SECRETARY  
Name KOPALD, SUSAN  
Address 1420 N. ATLANTIC AVE., UNIT 1603  
City-State-Zip: DAYTONA BEACH FL 32118

Title PRESIDENT  
Name HOPKINS, CLIP  
Address 1420 N ATLANTIC AVE  
#1601  
City-State-Zip: DAYTONA BEACH FL 32118

Title TREASURER  
Name SHAFFER, HOWARD  
Address 3636 THALL RD  
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR  
Name TAYLOR, SHARON  
Address P.O. BOX 10779  
City-State-Zip: BROOKSVILLE FL 34603

*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: CLIP HOPKINS**

**PRESIDENT**

**03/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date