

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712907

FILED
Mar 05, 2009
Secretary of State

Entity Name: HORIZONS WEST ASSOCIATION, INC., A CONDOMINIUM

Current Principal Place of Business:

6140 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6140 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1198682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUKALLA, JOSEPH M
6140 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNETT, DOUGLAS
Address: 6145 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: PEPPE, JAMES
Address: 6140 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: HAIDET, JEFF
Address: 6140 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: MUKALLA, JOSEPH M
Address: 6140 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: PETTIT, JIM
Address: 6140 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: HOPES, HARRY
Address: 6140 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH M. MUKALLA

T

03/05/2009

Electronic Signature of Signing Officer or Director

Date