# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 12, 2004 8:00 am**
**Secretary of State**
07-12-2004 90029 022 ****61.25

DOCUMENT # 713304

1. Entity Name
Fourth Horizons Condominium Inc
unit #323

54061829

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-122.6368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS $61.25**
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | Goldberg, Betty |
| STREET ADDRESS | 1400 NE 191 st #112 |
| CITY-ST-ZIP | N.M.B, Fl 33179 |
| TITLE | VPD |
| NAME | Myers, Donald |
| STREET ADDRESS | 1400 NE 191st #124 |
| CITY-ST-ZIP | N.M.B, Fl 33179 |
| TITLE | SD |
| NAME | Pentz, Gloria |
| STREET ADDRESS | 1400 NE 191 st #223 |
| CITY-ST-ZIP | N.M.B, Fl 33179 |
| TITLE | P |
| NAME | Kavetsky, Marie |
| STREET ADDRESS | 1400 NE 191 st #323 |
| CITY-ST-ZIP | NMB, Fl 33179 |
| TITLE | D |
| NAME | Freezer, Asher |
| STREET ADDRESS | 1400 NE 191 st #324 |
| CITY-ST-ZIP | NMB, Fl 33179 |
| TITLE | D |
| NAME | Nault, Jeffrey |
| STREET ADDRESS | 1400 NE 191 st #307 |
| CITY-ST-ZIP | NMB, Fl. 33179 |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marie Kavetsky 7-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)