2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 713304

Entity Name: FOURTH HORIZONS CONDOMINIUM INC.

Current Principal Place of Business:

1400 NE 191 ST.
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1400 NE 191 ST.
#323
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-1226368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MYERS, DONALD
1400 NE 191 ST
STE 124
NORTH MIAMI BEACH, FL 33179 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:	VPD	( ) Delete
Name:	MANNI, JENNIFER	
Address:	1400 NE 191 ST #209	
City-St-Zip:	N. MIAMI BEACH, FL 33179	
Title:	PD	( ) Delete
Name:	MYERS, DONALD	
Address:	1400 NE 101ST #184	
City-St-Zip:	N MIAMI BEACH, FL 33179	
Title:	SD	( ) Delete
Name:	DODLEY, STACEY	
Address:	1400 NE 191ST #303	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	
Title:	PB	( ) Delete
Name:	OIVER, RENEE	
Address:	1400 NE 191ST #123	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	
Title:	D	( ) Delete
Name:	FREEZER, ASHER	
Address:	1400 NE 191 ST. #324	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	
Title:	D	(X) Delete
Name:	NAULT, JEFFREY	
Address:	1400 NE 191 ST. #307	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	

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:	D	(X) Change ( ) Addition
Name:	OILER, RENEE	
Address:	1400 NE 191ST #123	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	
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 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: DONALD MYERS PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date