

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713304

FILED
Apr 29, 2007
Secretary of State

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 ()

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: D () Delete
Name: OILER, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: DOOLEY, STACEY
Address: 1400 NE 191ST #303
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 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

04/29/2007

Electronic Signature of Signing Officer or Director

Date