FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717063 (2)

1. Corporation Name

THREE HORIZONS, NORTH, CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1470 NORTHEAST 125TH TERRACE NORTH MIAMI FL 33161	1470 NORTHEAST 125TH TERRACE NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: 08/28/1969
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1359665 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEARSON, RUTH
1470 NE 125 TERR., APT. ~~PH14~~ 611
NO MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, FLOYD		12 NAME		
STREET ADDRESS	1470 NE 125TH TERR #714		13 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, BEATRICE		22 NAME		
STREET ADDRESS	1470 NE 125 TERR #608		23 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PEARSON, RUTH		32 NAME		
STREET ADDRESS	1470 NE 125TH TERR #611		33 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SEINFELD, FAY		42 NAME		
STREET ADDRESS	1470 NE 125 TERR #414		43 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SMITH, EDWIN		52 NAME		
STREET ADDRESS	1470 NE 125 TERR #303		53 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Pearson 3/24/96 305-893-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)