## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

717063

(2)

THREE HORIZONS, NORTH, CONDOMINIUM, INC.

······							!			. II
Principal Place of Business Mailing Address							r skorii totor ridii saati edisə alia		itt Dirli Bibli B	1811 91911 1891
1470 NORTHEA NORTH MIAMI !	ST 125TH TERRACE FL 33161	1470 NORTHEAST 125TH TERRACE NORTH MIAMI FL 33161-5213								
						3	3. Date Incorporated or Qualified 08/28/1969		ate of Last F 03/27/19	
2. Principal P	lace of Business	2a. Mailing Address				4	4. FEI Number			pplied For
21	4	26								ot Applicable
Suite, Apt.	#, elc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5	. Certificate of Status Desired		7	Additional
City & State	0	City & State						······································		equired
<del>-</del>	c .				6	Election Campaign Financing	_		May Be	
23   Zip	Country	28 Zip	p Country				Trust Fund Contribution			to Fees
24			30	1 ·			<ol> <li>This corporation has liability for Florida Statutes</li> </ol>		rtax under s ☑ No	s. 199.032,
E-1	9. Name and Address of Current		[30]	Γ		10	). Name and Address of New R			
				81	Name					
DEADOO	M DITTU									
PEARSON, RUTH 1470 NE 125 TERRACE #611				82 Street Address (P.O. Box Number is Not Acceptable)				ble)		
NO MIAN			83							
NO MIAN	MI FL 33 10 1									
				84	City			FL	.   -	Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the a	DOVE	-named	d corporati	on submits this statement for the	purpose of	changing i	its registered
agent. La	egistered agent, or both, in the State of marketing familiar with, and accept the obligations.	or Florida, Such change was a tions of, Section 617,0503, Fl	autnorize orida Sta	a by tutes	r the cor <sub>t</sub> 3.	rporation's	board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE										
	Signature, typed or printed name of registered agen			d Age	nt signature	re required who		DATE		
12.	OFFICERS AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	P	DELETE 1.1 T		TLE		D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition
NAME			1.2 N	1.2 NAME W		WIL	NAM EARLS 10 NE 125 TERR	#30	۶	
STREET ADDRESS	1470 NE 125TH TERR #714		1.3 S			147	TO NE 123 ILAL		,	
CITY-ST-ZIP				ITY-S	T-ZIP	N.	MIAMI FL 3	3]61	<del></del>	
THILE				2.1 TITLE				☐ Change	Addition	
NAME	BROWN, BEATRICE		2.2 NAME			CLIF	FORD WEINST	5M		İ
STREET ADDRESS	1470 NE 125 TERR #608				2.3 STREET ADDRESS		FORD WEINST TONE 125 TER MAN, FL 3316	#90	צי	
CITY-ST-ZIP	N MIAMI FL 33/6/			2. 4 CITY - ST - ZIP			71AM1, FL 3316			
TITLE				3.1 TITLE					☐ Change	Addition
NAME	PEARSON, RUTH		3.2 N	AME						
STREET ADDRESS	1470 NE 125TH TERR #611		3.3 \$	TREET	ADORESS					
CITY-ST-ZIP				ITY-\$	T-ZIP					
TITLE	D	DELETE	4.1 TI	TLE					☐ Change	Addition
NAME	SEINFELD, FAY		4.2 N	IAME			•			
STREET ADDRESS	1470 NE 125 TERR #414		4.3 S	TREET	ADDRESS					-
CITY-ST-ZIP	N MIAMI FL 33/4/		4.4 C	TY-\$	T-ZIP					
TITLE	D	DELETE 5.11							☐ Change	Addition
NAME	SMITH, EDWIN		5.2 N/	AME						
STREET ADDRESS	1470 NE 125 TERR #303		5.3 S	TREET	ADDRESS					
CITY-ST-ZIP	N. MIAMI FL 33JG/		5.4 CI	TY-S	T-ZIP					
TITLE	D CO	(A) ) DELETE	6.1 Tr	TLE					☐ Change	Addition
NAME	LUCILLE BROWN	00 # 306	6.2 N/	AME						
STREET ADDRESS	1470 NETTS JEN		6.3 ST	TREET	ADDRESS					
CITY-ST-ZIP	MMIAMI, PL 3:	3141	6.4 CI	ITY-S	T-21P					

14. I do 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 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** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96

305-893-1090

**FILED** 

Jan 24 1997 8:00am

Secretary of State