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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1359665

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEARSON, RUTH
1470 NE 125 TERRACE #611
NO MIAMI FL 33161**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D WILLIAM EARLS**
STREET ADDRESS **1470 NE 125 TERRACE #308**
CITY-ST-ZIP **N MIAMI FL 33161**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P FLOYD REYNOLDS**
1.3 STREET ADDRESS **1470 NE 125 TER 714**
1.4 CITY-ST-ZIP **N MIAMI, FL 33161**

TITLE ☐ DELETE
NAME **D CLIFFORD WEINSTEIN**
STREET ADDRESS **1470 NE 125 TERRACE #907**
CITY-ST-ZIP **N MIAMI FL 33161**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T PEARSON, RUTH**
STREET ADDRESS **1470 NE 125TH TERR #611**
CITY-ST-ZIP **N MIAMI FL 33161**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SMITH, EDWIN**
STREET ADDRESS **1470 NE 125 TERR #303**
CITY-ST-ZIP **N MIAMI FL 33161**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D LUCILLE BROWN**
STREET ADDRESS **1470 NE 125TH TERRACE #308**
CITY-ST-ZIP **N MIAMI FL 33161**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S. BEATRICE BROWN**
STREET ADDRESS **1470 NE 125 TER 609**
CITY-ST-ZIP **N MIAMI FL 33161**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

3/13/98 305-898-1090

CR2E037 (10/97)