



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |                                    |                     |  |   |   |  |  |   |  |
|--|------------------------------------|---------------------|--|---|---|--|--|---|--|
| <b>DOCUMENT # 747558</b><br>1. Entity Name<br><b>THE HORIZONS CONDOMINIUM NO. 1 ASSOCIATION, INC.</b>  |                                    |                     |  |  |   | <b>FILED</b><br><b>08 DEC 12 PM 4:21</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br> |  |   |  |
| Principal Place of Business<br><b>8055 SW 107TH AVENUE<br/>MIAMI, FL 33173</b>   |                                    |                     |  | Mailing Address<br><b>14275 SW 142 AVE<br/>MIAMI, FL 33186 US</b>                 |   |  |  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                    | 3. Mailing Address  |  | 12042008  |   | Chg-NP   |  | CR2E037 (12/06)   |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-1912489</b>  |   | <input type="checkbox"/> Applied For   |  | <input type="checkbox"/> Not Applicable                     |  |
| City & State   |                                    | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>              |   | <b>\$8.75</b> Additional Fee Required  |  |   |  |
| Zip  |                                    | Country             |  | Zip   |   | Country  |  |   |  |
| 6. Name and Address of Current Registered Agent  |                                    |                     |  |   | 7. Name and Address of New Registered Agent   |  |  |   |  |
| <b>TRIAY, CARLOS A.<br/>DORAL CORPORATE CENTER II, STE 100<br/>3750 NW 87TH AVE<br/>DORAL, FL 33178</b>  |                                    |                     |  |   | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |  |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                                    |                     |  |   |   |  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                    |                     |  |   |   |  |  |   |  |
| <b>Amended AR is \$61.25</b>   |                                    |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   |   | <b>\$5.00</b> May Be Added to Fees   |  | Make check payable to<br><b>Florida Department of State</b> |  |
| 10. OFFICERS AND DIRECTORS   |                                    |                     |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |   |  |
| TITLE  | SD <input type="checkbox"/> Delete |                     |  |   | TITLE   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| NAME   | SUAREZ, HILDA                      |                     |  |   | NAME  | HERRERA-SUAREZ, HILDA  |  |   |  |
| STREET ADDRESS   | 8035 SW 107 AVE, # 119             |                     |  |   | STREET ADDRESS  | 8035 SW 107 AVE, # 119   |  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33175                    |                     |  |   | CITY-ST-ZIP   | MIAMI, FL 33173  |  |   |  |
| TITLE  | TD <input type="checkbox"/> Delete |                     |  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| NAME   | RIVERO, PEARL                      |                     |  |   | NAME  | 600138985436   |  |   |  |
| STREET ADDRESS   | 8035 SW 107TH AVE #213             |                     |  |   | STREET ADDRESS  | 12/12/08--01036--007 **70.00   |  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33173                    |                     |  |   | CITY-ST-ZIP   |  |  |   |  |
| TITLE  | PD <input type="checkbox"/> Delete |                     |  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| NAME   | ESCOBAR, MARIO                     |                     |  |   | NAME  |  |  |   |  |
| STREET ADDRESS   | 8035 SW 107TH AVE #319             |                     |  |   | STREET ADDRESS  |  |  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33173                    |                     |  |   | CITY-ST-ZIP   |  |  |   |  |
| TITLE  | D <input type="checkbox"/> Delete  |                     |  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| NAME   | FERNANDEZ, ANGELA                  |                     |  |   | NAME  |  |  |   |  |
| STREET ADDRESS   | 8035 SW 107 AVE, # 322             |                     |  |   | STREET ADDRESS  |  |  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33173                    |                     |  |   | CITY-ST-ZIP   |  |  |   |  |
| TITLE  | D <input type="checkbox"/> Delete  |                     |  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| NAME   | PACHECO, JAVIER                    |                     |  |   | NAME  |  |  |   |  |
| STREET ADDRESS   | 8030 SW 107 AVEE. #112             |                     |  |   | STREET ADDRESS  |  |  |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33173                    |                     |  |   | CITY-ST-ZIP   |  |  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |                     |  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| NAME   |                                    |                     |  |   | NAME  |  |  |   |  |
| STREET ADDRESS   |                                    |                     |  |   | STREET ADDRESS  |  |  |   |  |
| CITY-ST-ZIP  |                                    |                     |  |   | CITY-ST-ZIP   |  |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                    |                     |  |   |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Mario Escobar</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                    |                     |  |   | 12/4/08 (805) 274-7649<br><small>Date Daytime Phone #</small>   |  |  |   |  |