2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90021 013 ****61.25

DOCUMENT # 747560

1. Entity Name
THE HORIZONS CONDOMINIUM NO. 3 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8055 SW 107TH AVENUE MIAMI, FL 33173	14275 SW 142 AVE MIAMI, FL 33186 US

03152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1912484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIAY CARLOS A ~~999 PONCE DE LEON BLVD~~ ~~STE 1110~~ ~~CORAL GABLES, FL~~ 33134	Name Street Address (P.O. Box Number is Not Acceptable) Doral Corporate Center II Suite 100 3750 NW. 87th Ave. City Doral FL Zip Code 33178

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~FASSY, ELLIOT~~ ~~8045 SW 107TH AVE #311~~ ~~MIAMI, FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUENTY TORRES 8045 SW 107 Ave. # 319 Miami, FL. 33173	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~FISHER, KATHLEEN~~ ~~8045 SW 107 AVE #307~~ ~~MIAMI, FL 33173~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rosalina Cutler 8045 SW 107 Ave. # 315 Miami, FL. 33173	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ BRADFORD, MARGARET 8045 SW 107 AVE #324 MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bradford, Margaret	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jenny Roman 8045 SW 107 Ave. # 301 Miami, FL. 33173	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHN MURPHY 8045 SW 107 Ave. # 319 Miami, FL. 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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.

SIGNATURE: Suenty Torres 7/1/05 305-270-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #