

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90038 003 ****61.25

DOCUMENT # 747560					
1. Entity Name THE HORIZONS CONDOMINIUM NO. 3 ASSOCIATION, INC.					
Principal Place of Business 8055 SW 107TH AVENUE MIAMI, FL 33173			Mailing Address 14275 SW 142 AVE MIAMI, FL 33186 US		
2. Principal Place of Business 8045 SW 107 AVE. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State		4. FEI Number 59-1912484	
Zip 33173		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIAY CARLOS A DORAL CORPORATE CENTER II STE 100 DORAL, FL 33178 3750 NW 87th AVENUE DORAL, FL 33178			7. Name and Address of New Registered Agent Name: TRIAY, Carlos A. Street Address (P.O. Box Number is Not Acceptable): Doral Corporate Center II #100 3750 NW 87 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 TORRES, SUENTY 8045 SW 107TH AVE #311 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, ROSALINA 8045 SW 107 315 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Carter, Rosalina 8045 SW 107 AVE. # 315 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADFORD, MARGARET 8045 SW 107 AVE #324 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMAN, JENNY 8045 SW 107 AVE, 301 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, JOHN 8045 SW 107 AVE, # 219 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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.					
SIGNATURE: <u>Rose line Carter</u> <u>Rosalina Carter - Treasurer</u> <u>2/10/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					