2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747560

FILED Jaņ 2<u>8, 2</u>009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8045 SW 107 AVE MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

14275 SW 142 AVE MIAMI, FL 33186

FEI Number: 59-1912484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIAY CARLOS A DORAL CORPORATE CENTER II # 100 3750 NW 87 AVE DORAL, FL 33178 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TORRES, SUENTY TORRES, SHENTY A Name: Name: Address: 8045 SW 107 AVE #319 Address: 8045 SW 107 AVE. #319 City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: Title: PRES (X) Change () Addition () Delete ELDREDGE, STACY Name: Name: ELDREDGE, STACY A Address: 8045 SW 107 AVE #202 Address: 8045 SW 107 AVE. # 202

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: () Delete Title: (X) Change () Addition BRADFORD, MARGARET BRADFORD, ISIS MARGARET Name: Name: 8045 SW 107 AVE #324 Address: Address: 8045 SW 107 AVE. # 324 City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: VΡ (X) Delete Title: () Change () Addition

Name: LIVERGOOD, AUDRA Name: Address: 8045 SW 107 AVE #214 Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY A ELDREDGE **PRES** 01/28/2009