2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# 747560

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

Current Principal Place of Business:

8045 SW 107 AVE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

14275 SW 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: PRES ( ) Delete
Name: ELDREDGE, STACY A
Address: 8045 SW 107 AVE. # 202
City-St-Zip: MIAMI, FL 33173

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ELDREDGE, STACY
Address: 8045 SW 107 AVE. # 202
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change ( ) Addition
Name: MYERS, PATRICIA
Address: 8045 SW 107 AVE. # 102
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: DIR ( ) Change (X) Addition
Name: RIVERA, EXIO JOSE
Address: 8045 SW 107 AVE. # 304
City-St-Zip: MIAMI, FL 33173

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 ELDREDGE PRES 07/15/2009

Electronic Signature of Signing Officer or Director — Date