

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90050 004 ****61.25

DOCUMENT # 748034

1. Entity Name
FAR HORIZONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**17248 GULF BLVD.
N REDINGTON BEACH, FL 33708**

Mailing Address
**17248 GULF BLVD.
N REDINGTON BEACH, FL 33708**

50013047



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2127397

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, MICHAEL
1800 2ND STREET
SUITE 888
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	AMORMINO, MARILYN
STREET ADDRESS	27907 MANHATTEN
CITY-ST-ZIP	ST. CLAIR SHORES, MI 48081

TITLE	V
NAME	MEYER, MARVIN
STREET ADDRESS	4202 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP	TAMPA, FL

TITLE	P
NAME	JOHNSON, JUDY
STREET ADDRESS	14442 WADSWORTH DR.
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	D
NAME	BROWN, MICHAEL
STREET ADDRESS	1800 2ND STREET, STE 888
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	D
NAME	EDDINGER, BETTY
STREET ADDRESS	11720 PARKVIEW LN
CITY-ST-ZIP	SEMINOLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-04
Date

727-3938791
Daytime Phone #