

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

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 748034</b> 1. Entity Name <b>FAR HORIZONS CONDOMINIUM ASSOCIATION, INC.</b>																																																		
Principal Place of Business <b>17248 GULF BLVD. N REDINGTON BEACH, FL 33708</b>	Mailing Address <b>17248 GULF BLVD. N REDINGTON BEACH, FL 33708</b>																																																	
<b>DO NOT WRITE IN THIS SPACE</b>																																																		
<b>6. Name and Address of Current Registered Agent</b>  <b>BROWN, MICHAEL 1800 2ND STREET SUITE 888 SARASOTA, FL 34236</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																																
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																	
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE</td> <td>T</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>AMORMINO, MARILYN</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>27907 MANHATTEN</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>ST. CLAIR SHORES, MI 48081</td> </tr> <tr> <td style="font-size: 8px;">TITLE</td> <td>V</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>MEYER, MARVIN</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>4202 CARROLLWOOD VILLAGE DR</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>TAMPA, FL</td> </tr> <tr> <td style="font-size: 8px;">TITLE</td> <td>P</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>JOHNSON, JUDY</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>14442 WADSWORTH DR.</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>ODESSA, FL 33556</td> </tr> <tr> <td style="font-size: 8px;">TITLE</td> <td>D</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>BROWN, MICHAEL</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>1800 2ND STREET, STE 888</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> </tr> <tr> <td style="font-size: 8px;">TITLE</td> <td>D</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>EDDINGER, BETTY</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>11720 PARKVIEW LN</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>SEMINOLE, FL</td> </tr> <tr> <td style="font-size: 8px;">TITLE</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td></td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td></td> </tr> </table>			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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<b>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.</b>																																																		
<b>SIGNATURE:</b> <u>Judith Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-6-06</u> <small>Date</small>																																																
		<small>Daytime Phone #</small>																																																