

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749403

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** HORIZONS CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

1420 N ATLANTIC AVENUE  
DAYTONA BEACH, FL 321183557

**New Principal Place of Business:**

**Current Mailing Address:**

1420 NORTH ATLANTIC AVENUE  
101  
DAYTONA BEACH, FL 32118 US

**New Mailing Address:**

**FEI Number:** 59-2065130      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DOLLAHITE, DENISE  
1420 N. ATLANTIC AVE 101  
DAYTONA BCH., FL 32118 US

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

DOLLAHITE, DENISE  
1420 N. ATLANTIC AVE 101  
DAYTONA BEACH, FL 32118 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/18/2009

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: HUNTER, JACK  
Address: 1001 CHAPEL CREEK TRAIL  
City-St-Zip: NEW ALBANY, IN 47150

Title: S      ( ) Delete  
Name: CARVER, ROBERT  
Address: 5553 MASTERS BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: D      ( ) Delete  
Name: COOK, LARRY  
Address: 29480 GREEN ROAD  
City-St-Zip: BORDEN, IN 47106

Title: P      ( ) Delete  
Name: FITZGERALD, BRYAN A  
Address: 8437 CAROLINA DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: T      ( ) Delete  
Name: RITZINGER, PAUL  
Address: 1420 N ATLANTIC AVE 501  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: PAUL RITZINGER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

03/18/2009

\_\_\_\_\_  
Date