

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 15, 2009
Secretary of State

DOCUMENT# 750850

Entity Name: THE HORIZONS CONDOMINIUM NO. 5 ASSOCIATION, INC.**Current Principal Place of Business:**8065 SW 107TH AVE
MIAMI, FL 33183 US**New Principal Place of Business:****Current Mailing Address:**14275 SW 142 AVE
MIAMI, FL 33186 US**New Mailing Address:****FEI Number:** 59-1989196**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRIAY, CARLOS A
DORAL COPORATE CTR II #100
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: PD () Delete
Name: OBRENTZ, MARTIN S.
Address: 8065 SW 107 AVE. # 120
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: DE LA GUARDIA, INES
Address: 8065 SW 107 AVE. # 318
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: TENGBLAND, JOHN E
Address: 8065 SW 107 AVE. # 306
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: BRAZ, CAROL A
Address: 8065 SW 107 AVE. # 217
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: WIESS NIEWINSKI, LANA
Address: 8065 SW 107 AVE. # 116
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OBRENTZ, MARTIN S.
Address: 8065 SW 107 AVE. # 120
City-St-Zip: MIAMI, FL 33173

Title: TREA (X) Change () Addition
Name: DE LA GUARDIA, INEZ
Address: 8065 SW 107 AVE. # 318
City-St-Zip: MIAMI, FL 33173

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

Title: DIR (X) Change () Addition
Name: BRAZ, CAROL A
Address: 8065 SW 107 AVE. # 217
City-St-Zip: MIAMI, FL 33173

Title: SECR (X) Change () Addition
Name: WIESS NIEWINSKI, LANA
Address: 8065 SW 107 AVE. # 116
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: MARTIN S OBRENTZ

PRES

07/15/2009

Electronic Signature of Signing Officer or Director

Date