

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 07, 2012**  
**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:**TRIAY, CARLOS A  
2301 NW 87 AVENUE  
SUITE # 501  
DORAL, FL 33172 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:

11/07/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

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

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

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

Title: DIR  
Name: LOPEZ, CELMY  
Address: 8065 SW 107 AVE. # 213  
City-St-Zip: MIAMI, FL 33173

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

I hereby 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 all other like empowered.

SIGNATURE: MARTIN OBRENTZ

PRES

11/07/2012

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