

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750851 (8)
1. Corporation Name
THE HORIZONS CONDOMINIUM NO. 6 ASSOCIATION, INC.



Principal Place of Business
8055 SW 107TH AVENUE
MIAMI FL 33173

Mailing Address
8055 SW 107TH AVENUE
MIAMI FL 33173

3. Date Incorporated or Qualified 01/30/1980	3a. Date of Last Report 02/15/1995
4. FEI Number 59-2209913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

TRIAY CARLOS A
999 PONCE DE LEON BLVD.
STE. 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	ARMAND, TERESA	1.2 NAME	
STREET ADDRESS	8005 SW 107TH AVE #315	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	GREENSTEIN, LILLIAN	2.2 NAME	
STREET ADDRESS	8005 S W 107TH AVE, #118	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD / T
NAME	POLLACK, FRIEDA	3.2 NAME	Jane Mack
STREET ADDRESS	8005 SW 107 AVE	3.3 STREET ADDRESS	8005 S.W. 107 Ave. # 112
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	Miami, Fl. 33173
TITLE	TD	4.1 TITLE	
NAME	CORA, AIDA	4.2 NAME	
STREET ADDRESS	8005 SW 107 AVE #217	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lillian Greenstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 224-7649
Date Daytime Phone #

CR2E037 (12/95)