2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 03, 2004 8:00 am Secretary of State **DOCUMENT # 750851** 03-03-2004 90020 047 ****61.25 THE HORIZONS CONDOMINIUM NO. 6 ASSOCIATION, Principal Place of Business Mailing Address 8055 SW 107TH AVENUE 14275 SW 142 AVE MIAMI, FL 33173 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 CR2E037 (10/03) 4. FEI Number 59-2209913 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIAY CARLOS A. 999 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) STE. 1110 CORAL GABLES, FL 33134 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signsture regulard when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE Change Addition TITLE Delete ARMAND, TERESA NAME: NAME 8005 SW 107TH AVE #315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 7ITI F Delete TITLE ☐ Change Addition NAME TRADIF, FRANCES STREET ADDRESS 8005 SW 107 AVE. #124 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 SD ☐ Delete TITLE ☐ Change ■ Addition TITLE SHMUNK, ELVIRA NAME STREET ADDRESS 8005 SW 107 AVE #323 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is turn 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 employered to execute this report as required by Chapter 617. Fortida Statutes; and that by name appears in Block 10 or Block 11 in changed, or on an attachment with an address and other tike empowered. ider oath; that I am an officer or director name appears in Block 10 or Block 11 if

FILED

Daytime Phone #

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DOCUMENT # 750851 54014503 1. Entity Name THE HORIZONS CONDOMINIUM NO. 6 ASSOCIATION, INC. Principal Place of Business Mailing Address 8055 SW 107TH AVENUE 14275 SW 142 AVE MIAMI, FL 33173 MIAMI, FL 33186 01292004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2209913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRIAY CARLOS A -----DO NOT WRITE 999 PONCE DE LEON BLVD. STE. 1110 IN THIS SPACE CORAL GABLES, FL 33134 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME ARMAND, TERESA STREET ADDRESS 8005 SW 107TH AVE #315 CITY-ST-ZIP MIAMI, FL 33173 TRADIF, FRANCES NAME STREET ADDRESS 8005 SW 107 AVE. #124 CITY-ST-ZP MIAMI, FL 33173 TITLE NAME SHMUNK, ELVIRA STREET ADDRESS 8005 SW 107 AVE #323 DO NOT WRITE CITY-ST-ZIP MIAMI: FL 33173 IN THIS SPACE TITLE JACQUELINE TOYTES 8005 SW 107 AVE # 120 NAME STREET ADDRESS CITY-ST-ZIP MIAMI, Fl. 33173 πLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that I am an officer or director of the corporation or the receiver or trustee employed 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 employed. SIGNATURE: Daytime Phone #