

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90119 011 \*\*\*\*61.25

**DOCUMENT # 750851**

1. Entity Name  
**THE HORIZONS CONDOMINIUM NO. 6 ASSOCIATION, INC.**



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

Mailing Address  
**14275 SW 142 AVE  
MIAMI, FL 33186 US**

**30054790**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2209913**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIAI CARLOS A  
900 PONCE DE LEON BLVD  
STE 1110  
CORAL GABLES, FL 33134**

*New Mailing Address*

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**Doral Corporate Center II Suite 100  
3250 NW 87th Ave  
City Doral FL Zip Code 33122**

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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ARMAND, TERESA  
STREET ADDRESS 8005 SW 107TH AVE #315  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME TRADIF, FRANCES  
STREET ADDRESS 8005 SW 107 AVE. #124  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME SHMUNK, ELVIRA  
STREET ADDRESS 8005 SW 107 AVE #323  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME JACQUELINE TORRES  
STREET ADDRESS 8005 SW 107 Ave #120  
CITY-ST-ZIP MIAMI, FL 33173

TITLE SD ☐ Change ☒ Addition  
NAME JACQUELINE TORRES  
STREET ADDRESS 8005 SW 107 Ave. #120  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA ARMAND

Date

Daytime Phone #

6/14/05 (305) 274-9944