2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 750851

Entity Name: THE HORIZONS CONDOMINIUM NO. 6 ASSOCIATION, INC.

Current Principal Place of Business:

8055 SW 107TH AVENUE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

14275 SW 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-1989198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRIAY CARLOS A
CORAL CORPORATE CENTER II SUITE 100
3750 NORTHWEST 87TH AVENUE
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: ARMAND, TERESA,
Address: 8005 SW 107TH AVE #315
City-St-Zip: MIAMI, FL 33173

Title: TD ( ) Delete
Name: TRADIF, FRANCES
Address: 8005 SW 107 AVE. #124
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete
Name: TORRES, JACQUELINE
Address: 8005 SOUTHWEST 107 AVENUE SUITE 120
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARMAND, MARIA TERESA
Address: 8005 SW 107 AVE. # 315
City-St-Zip: MIAMI, FL 33173

Title: TD (X) Change ( ) Addition
Name: TRINZ, BETSY N
Address: 8005 SW 107 AVE. # 322
City-St-Zip: MIAMI, FL 33173

Title: SD (X) Change ( ) Addition
Name: TORRES, JACQUELINE
Address: 8005 SW 107 AVE. # 120
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: MARIA TERESA ARMAND PRES 01/28/2009

Electronic Signature of Signing Officer or Director — Date