

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751812 (9)

1. Corporation Name
HORIZON HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2555 N.E. 11TH STREET FT. LAUDERDALE FL 33304
Mailing Address: 2555 N.E. 11TH STREET FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: 03/31/1980
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2142869	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCVEIGH, HELEN 2555 N.E. 11TH STREET #406 FT. LAUDERDALE FL 33304		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 617.0501, Florida Statutes.

SIGNATURE: *Heleen M. McVeigh*
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVEIGH, EDWARD J.	1.2 NAME	
STREET ADDRESS	2555 N.E. 11TH ST	1.3 STREET ADDRESS	800001836988
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	-05/23/96--01056--005
TITLE	VD	2.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, GREG	2.2 NAME	
STREET ADDRESS	2555 N.E. 11TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	GD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, RICHARD	3.2 NAME	T
STREET ADDRESS	1708	3.3 STREET ADDRESS	MARTIN LIEBOLD
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	2555 NE 11TH ST, MIAMI FT LAUDERDALE FL 33304
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPOSITO, FRANCO	4.2 NAME	VINCENT ESPOSITO
STREET ADDRESS	2555 N.E. 11TH STREET	4.3 STREET ADDRESS	2555 N.E. 11TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, BRUCE	5.2 NAME	
STREET ADDRESS	2555 N.E. 11TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	5-23-96
STREET ADDRESS		6.3 STREET ADDRESS	DEB
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: *Edward J. McVeigh*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5-8-96 Daytime Phone #: 954-546-7932

CR2E037 (12/95)