

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB -3 PM 2: 02

DOCUMENT # 755574 (1)

1. Corporation Name

THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8504 S.W. 133 AVE. RD.
MIAMI FL 33183

8504 S.W. 133 AVE. RD.
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1980

3a. Date of Last Report

02/04/1994

4. FEI Number

59-2066756

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRENNER, RICHARD P
21 SOUTHEAST FIRST AVE
SUITE 800
MIAMI FL 33131

81 Name

Santiago Miriam To

82 Street Address (R.D. Box Number is Not Acceptable)

The Continental Group

83

8504 S.W. 133 Ave Rd

84 City

Miami FL

FL

85

33183

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Miriam Santiago, Miriam Santiago Property Manager

1/17/95

(NOTE: Registered Agent signature required when replacing)

(NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
STONE, JEFFREY R
2333 BRICKELL AVE., SUITE 2009
MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BROWN, NORMAN
8500 SW 133 AVE D APT 216
MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
BROWN, NORMAN
8500 S.W. 133 AVE. RD. APT. 216
MIAMI FL 33183

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Isabell B. Ferrer, President
8520 Sw 133 Ave Rd, Apt 214
Miami, FL 33183

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BRIELER, PEGGY
8600 SW 133 AVE RD APT. 204
MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Secretary
Denise Talley
8420 S.W. 133 Ave Rd, Apt 123
Miami, FL 33183

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ALPERT, MARCE
12350 SW 132 CT SUITE 200
MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Director
Reina Mora
8400 Sw 133 Ave Rd, Apt 221
Miami, FL 33183

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GUERRA, RON
700 NW 107 AVE
MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Isabell B. Ferrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)