

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 # 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**

3. Date Incorporated or Qualified **12/16/1980** 3a. Date of Last Report **02/03/1995**
4. FEI Number **59-2066756** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**SANTIAGO, MIRIAM
THE CONTINENTAL GROUP
8504 SW 133 AVE RD
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent Signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	STONE, JEFFREY R	1.2 NAME	
STREET ADDRESS	2333 BRICKELL AVE., SUITE 2009	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, NORMAN	2.2 NAME	
STREET ADDRESS	8500 SW 133 AVE D APT 216	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	FERRERI, ISABELL B	3.2 NAME	
STREET ADDRESS	8520 SW 133 AVE RD APT 214	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☒ Addition
NAME	TALLEY, DENISE	4.2 NAME	
STREET ADDRESS	8420 SW 133 AVE RD APT 123	4.3 STREET ADDRESS	S/O Santillana, Fernando
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	8600 SW 133 AVE #311
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORA, REINA	5.2 NAME	
STREET ADDRESS	8400 SW 113 AVE RD APT 221	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GUERRA, RON	6.2 NAME	
STREET ADDRESS	700 NW 107 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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:

Isabell B. Ferreri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

387-0462
Daytime Phone #

CR2E037 (12/95)