SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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, I NC.

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: 02/07/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	

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

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: SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle
83 Suite # 1102
84 City: Coral Gables, fl FL 85 Zip Code: 33134

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 SKRLD, Inc. by Lisa A. Lerner, Secretary 8/13/97
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	TD	☑ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	STONE, JEFFREY R		1.2 NAME	BROWN, EDWARD	
STREET ADDRESS	2333 BRICKELL AVE., SUITE 2009		1.3 STREET ADDRESS	8500 SW 133 AVE RD. Apt 317	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, fl 33183	
TITLE	VD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BROWN, NORMAN		2.2 NAME	SALVIEGO, COURDES	
STREET ADDRESS	8500 SW 133 AVE D APT 216		2.3 STREET ADDRESS	8500 SW 133 AVE RD, Apt 419	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, fl 33183	
TITLE	P	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	FERRERI, ISABELL B		3.2 NAME	ALPERT, MARC	
STREET ADDRESS	8520 SW 133 AVE RD APT 214		3.3 STREET ADDRESS	PO BOX 830064 N/A	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, fl 33283	
TITLE	SD	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	SANTILLANA, FERNADO		4.2 NAME	SANTILLANA, FERNANDO	
STREET ADDRESS	8600 SW 133 AVENUE 311		4.3 STREET ADDRESS	8600 SW 133 AVE RD Apt 311	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, fl 33183	
TITLE	D	☐ DELETE	5.1 TITLE	S/T	☑ Change ☐ Addition
NAME	MORA, REINA		5.2 NAME	MORA, REINA	
STREET ADDRESS	8400 SW 113 AVE RD APT 221		5.3 STREET ADDRESS	8400 SW 113 AVE RD Apt 221	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, fl 33183	
TITLE	D	☐ DELETE	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		

CR2E037 (4/97)

14. I do 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 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: Fernando Santillana SIGNATURE REQUIRED 8/8/97