2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2000 8:00 am
Secretary of State
07-31-2000 90008 035 ****61.25

DOCUMENT # 755574

1. Entity Name

THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION, I

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2066756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKRLD, INC 201 ALHAMBRA CIR SUITE #1102 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALES-JONES, LAURA 8730 SW 133 AVE RD UNIT 323 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gonzales-Jones,Laura 8730 SW 133 Ave Rd Unit 323 Miami Fl 33183	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, NORMAN 8500 SW 133 AVE RD UNIT 216 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Brown,Norman 8500 SW 133 Ave Rd Unit 216 Miami,Fl 33183	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOODFORD, MATTIE 8700 SW 133 AVE RD UNIT 307 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Woodford,Mattie 8700 SW 133 Ave Rd Unit 307 Miami Fl 33183	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMELO, JUAN C 8760 SW 133 AVE RD UNIT 305 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Camelo,Juan C 8760 Sw 133 Ave Rd Unit 305 Miami,Fl 33183	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTRADA, SYLVIA 8420 SW 133 AVE RD UNIT 214 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Estrada,Sylvia 8420 SW 133 Ave Rd Unit 214 Miami,Fl 33183	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA HOZ, SARAH 8050 SW 133 AVE RD UNIT 413 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director De la Hoz Sarah 8650 SW 133 Ave Rd Unit 413 Miami, Fl 33183	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #