


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90055 027 ****61.25

DOCUMENT # 755574					
1. Entity Name THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 8504 S.W. 133 AVE. RD. MIAMI, FL 33183			Mailing Address 8504 S.W. 133 AVE. RD. MIAMI, FL 33183		
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HYMAN & KAPLAN 150 WEST FLAGLER ST SUITE 2701 ATT: GARY MARS MIAMI, FL 33130				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODFORD, MATTIE			NAME	<i>SECRETARY</i> Diaz, Marie
STREET ADDRESS	8700 SW 133 AVE RD #307			STREET ADDRESS	8760 SW 133 Ave Rd #413
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	Miami, FL 33183
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSHADI, MAHMOOD			NAME	<i>DIRECTOR</i> Ruiz, Rosa
STREET ADDRESS	8540 SW 133 AVE RD., #123			STREET ADDRESS	8526 SW 133 Ave Rd #404
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	Miami, FL 33183
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES GONZALEZ, LAURA LISA			NAME	
STREET ADDRESS	8730 SW 133 AVE RD #323			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LILY			NAME	
STREET ADDRESS	8760 SW 133 AVE RD., #320			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NORMAN			NAME	
STREET ADDRESS	8500 SW 133 AVE RD #216			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORING, BEA			NAME	
STREET ADDRESS	8400 SW 133 AVE RD #210			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	
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: <i>Mattie L. W. Woodford</i>				Date: <i>2/3/05</i> (305) 383-1672	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40013524



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