2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90041 043 ****61.25

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1. Entity Name
THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8504 S.W. 133 AVE. RD. MIAMI, FL 33183	11981 SW 144 CT SUITE #201 MIAMI, FL 33186

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
DE LA CAMARA, ROSA M 121 ALABAMA 101924 SUITE 1000 10TH A MIAMI, 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D3 DIORR, MARIE 8760 SW 139 AVE RD # 413 MIAMI, FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LILY MARTINEZ	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES GONZALEZ, LAURA LISA 8730 SW 133 AVE RD #323 MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. marinelva miranda 8700 SW 133 Ave Rd Unit 305 miami FL 33183	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, LILY 8760 SW 133 AVE RD., #320 MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Javier Ruiz 8500 SW 133 Ave Rd Unit 203 Miami FL 33183	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, NORMAN 8500 SW 133 AVE RD #216 MIAMI, FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rosa Ruiz 8520 SW 133Ave Rd Unit 404 Miami FL 33183	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LORING, BEA 8400 SW 133 AVE RD #210 MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maria Josefina Gori 8650 SW 133 Ave Rd Unit 419 Miami FL 33183	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pedro Junco 8540 SW 133 Ave Rd Unit 410 Miami FL 33183	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #