2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 20, 2008 8:00 am Secretary of State

DOCUMENT # 755574 1. Entity Name THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION, INC.									03-20-200	8 90024	048 **** <i>6</i>	51.25		
8504 S.W. 133 AVE. RD. 119 MIAMI, FL 33183 SUIT				Mailing Address 11981 SW 144 CT SUITE #201 MIAMI, FL 33186			5000077							
2. Principal Place of Business - No P.O. Box # 3. Ma				Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01032008 _{Cl}	hg- N P	CR2E03	37 (12/06)				
City & State				City & State				4. FEI Number 59-206675	56			Applied For Not Applicable		
Zip Country			Zir	Zip C								75 Additional		
6. Name and Address of Current Registe				red Agent				7. Name and Address of New Registered Agent						
DELACA	MADA DO	DOA M				Name (SK	RLDJA	<i>(</i> ,					
DE LA CAMARA, ROSA M 121 ALABAMA 101924 SUITE 1000 10TH A					Street Address (P.O. Box Number is Not Acceptable)									
MIAMI, FL		•					Suite 1102							
						Cit	Val	6ables		FL	zigg g	134		
		y submits this statement fo	r the purp	ose of changing its	s registere	ed office or r	register	ed agent, or both, in	the State of F	lorida. I am	familiar with,	and accept		
the obligat	tions of regist	pered agent.			j	ica		erner, S	2000	171 111	a_{l}	10		
SIGNATURE	1	72			#	10 M	اسل	C(1)(2b)	seen	rung	3/16	1103		
SIGNATIONE	Signature, lyped	or printed name of registered agent	and title if app	blicable. (NO)	TE: Registered	Agent signaturi	e required	when reinstating)		DATE	,			
Filing Fee is \$61.25 Due by May 1, 2008				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 DIF	RECTORS		11.		,	ADDITIONS/CHANG	ES TO OFFICE	ERS AND DI	RECTORS IN			
TITLE	T MADINE	VA MIDANIDA		☐ Delete	TITLE	t t					☐ Change	Addition Addition		
NAME MARINELVA, MIRANDA STREET ADDRESS 8700 SW 133RD AVE. RD. UNIT		305			ET ADDRESS									
CITY-ST-ZIP	MIAMI, FI	_ 33183			CITY	-ST-ZIP								
TITLE	PD	ONZALEZ LAUGA LIC		Delete	TITLE	1					☐ Change	■ Addition		
NAME STREET ADDRESS	l		A			ET ADDRESS								
CITY-ST-ZIP	MIAMI, FL					-ST-ZIP								
TITLE	VPD			☐ Delete	TITLE						Change	Addition		
NAME STREET ADDRESS	MARTINE	Z, LILY 133 AVE RD., #320			NAME	ET ADDRESS								
CITY-ST-ZIP	MIAMI, FI	· ·				-ST-ZIP								
TITLE	D			☐ Delete	TITLE		V	ELDO T			enange	Addition		
NAME	JUNEO, F				NAME		Q F	20KO 3	133m	AUG	RD UM	N#410		
STREET ADDRESS CITY-ST-ZIP	8540 SW MIAMI, FI	133RD AVE. RD. UNIT	410			ET ADDRESS - ST-ZIP	W	EDRO J 540 SW 1AMI F	1000	102		., ,,,		
TITLE	S	_ 33103		☐ Delete	TITLE		113	(P171)(F	L 30	100	☐ Change	☐ Addition		
NAME	LORING,	BEA		C Delete	NAMI	1								
STREET ADDRESS	1	133 AVE RD #210				ET ADDRESS								
CITY-ST-ZIP	MIAMI, FI	_ 33183			_	-ST-ZIP					Change	- Addition		
TITLE NAME				☐ Delete	: TITLE NAMI						☐ Change	Addition		
STREET ADDRESS						ET ADDRESS								
CITY-ST-ZIP						-ST-ZIP					<u>-</u>			
indicated	on this repo	e information supplied with rt or supplemental report of the receiver or trustee emp achprent with applicates,	strue and	accurate and that	my signat	iure shall ha	ive the :	same legal effect as	if made under	oath; that is	am an officer	or director		

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2008 NOT-FO	R-PROFIT NUAL REI	CORPO PORT	RATION			pt	.09				
DOCUMENT # 755574 1. Entity Name THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION, INC.						Dept 09 Dept ATTACHMEN					
Principal Place of Business 8504 S.W. 133 AVE. RD. MIAMI, FL 33183	1198 Suite	Mailing Address 11981 SW 144 CT SUITE #201 MIAMI, FL 33186				50	00000	77			
2. Principal Place of Business - No P.O	Box # 3. Mail	3. Mailing Address									
Suite, Apt. #, etc.	Sui	Suite, Apt. #, etc.				01032008 Chg-NP CR2E037 (12/06)					
City & State	Cit	y & State		4. FEI Number 59-206675			}+	plied For			
Zip Country	Zip	l	Country	5	. Certificate of	Status Desired	\$8.75 Add	litional			
6. Name and Address DE LA CAMARA, ROSA M 121 ALABAMA 101924 SUITE 1000 10TH A MIAMI, FL 33134	d Agent	Name SKRLD JOC. Street Address (P.O. Box Number is Not Acceptable) Stufe 110 Z City ON Gable) FL Zingsode 13									
8. The above named entity submits this the obligations of registered agent. SIGNATURE Signature, typed or printed name of	regislered agent and title if app	icable. (NOT	E: Registered Agent signature	LC required whe	n reinstating) 5.00 May Be	Secret	DATE 3/1	4/08			
Due by May 1, 200	8 ERS AND DIRECTORS	Trust Fund (Contribution.		dded to Fees		ida Department of Si				
TITLE T NAME MARINELVA, MIRAN STREET ADDRESS 8700 SW 133RD AVE CITY-ST-ZIP MIAMI, FL 33183	DA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		311101107077	.020 0 0 0 0	☐ Change	Addition			
TITLE PD NAME JONES GONZALEZ, STREET ADDRESS 8730 SW 133 AVE RE CITY-ST-ZIP MIAMI, FL 33183		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE VPD NAME MARTINEZ, LILY STREET ADDRESS 8760 SW 133 AVE RE CITY-ST-ZIP MIAMI, FL 33183	D., #320	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition			
TITLE D NAME JUNEO, PEDRO STREET ADDRESS 8540 SW 133RD AVE CITY-ST-2IP MIAMI, FL 33183	. RD. UNIT 410	☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE 850 MU	-DRO: 40 SW AMI	JUNCO 133rd FL 331	Pue Ro U 83	□ Addition 11 #410			
TITLE S NAME LORING, BEA STREET ADDRESS 8400 SW 133 AVE RI CITY-ST-ZIP MIAMI, FL 33183) #210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addilion			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
12. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver or changed, or on an attachment with SIGNATURE:	ental report is true and trustee empowered to acceptations, with all off	does not qualify to accurate and that execute this repor- ner like empowered	my signature snall hav t as required by Chapi I.	ntained in ve the sar vter 617, F	Chapter 119, I me legal effect lorida Statutes;	as if made under o and that my nam	further certify that the ir oath; that I am an officer e appears in Block 10 o	nformation or director r Block 11 if			