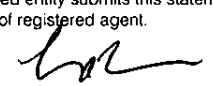
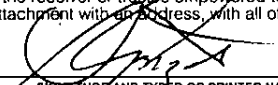


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

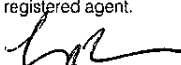
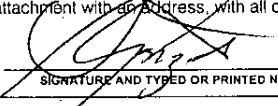
FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 048 ****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 11981 SW 144 CT SUITE #201 MIAMI, FL 33186		
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	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA CAMARA, ROSA M 121 ALABAMA 101924 SUITE 1000 10TH A MIAMI, FL 33134			7. Name and Address of New Registered Agent Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alabama Circle Suite 1102 City Coral Gables FL Zip Code 33134		
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  Lisa Lerner, Secretary 3/14/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINELVA, MIRANDA 8700 SW 133RD AVE. RD. UNIT 305 MIAMI, FL 33183	☐ Delete			
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	VPD MARTINEZ, LILY 8760 SW 133 AVE RD., #320 MIAMI, FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNEO, PEDRO 8540 SW 133RD AVE. RD. UNIT 410 MIAMI, FL 33183	☐ Delete			
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	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEDRO JUNCO 8540 SW 133rd AVE RD Unit #410 MIAMI FL 33183				
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:  1/15/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755574 1. Entity Name THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION, INC.						Dept 09 157411 ATTACHMENT 50000077	
Principal Place of Business 8504 S.W. 133 AVE. RD. MIAMI, FL 33183				Mailing Address 11981 SW 144 CT SUITE #201 MIAMI, FL 33186			
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	
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 SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 1102 City Coral Gables FL Zip Code 33134			
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  Signature, typed or printed name of registered agent and title if applicable. Lisa Lerner, Secretary 3/14/08 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 DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T			TITLE	☐ Change ☐ Addition		
NAME	MARINELVA, MIRANDA			NAME			
STREET ADDRESS	8700 SW 133RD AVE. RD. UNIT 305			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	PD			TITLE	☐ Change ☐ 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	VPD			TITLE	☐ Change ☐ 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	D			TITLE	☒ Change ☐ Addition		
NAME	JUNEO, PEDRO			NAME	PEDRO JUNCO		
STREET ADDRESS	8540 SW 133RD AVE. RD. UNIT 410			STREET ADDRESS	8540 SW 133rd AVE RD Unit #410		
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	MIAMI FL 33183		
TITLE	S			TITLE	☐ Change ☐ Addition		
NAME	LORING, BEA			NAME			
STREET ADDRESS	8400 SW 133 AVE RD #210			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 1/15/08 Date			
Daytime Phone #							