2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 755574

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

Current Principal Place of Business:

8504 S.W. 133 AVE. RD.
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

11981 SW 144 CT
SUITE #201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2066756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAIGE, ROBERT ESQ.
9500 S. DADELAND BLVD., STE. 550
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

ASSOCIATION LAW GROUP , P.L
1666 KENNEDY CAUSEWAY
SUITE 305
NORTH BAY VILLAGE, FL 33141 US

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: BRIDGETTE E. BONET, ESQ. 03/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: RUIZ, JAVIER
Address: 8500 SW 133 AVE. RD., #203
City-St-Zip: MIAMI, FL 33183

Title: PD ( ) Delete
Name: JONES GONZALEZ, LAURA LISA
Address: 8730 SW 133 AVE RD #323
City-St-Zip: MIAMI, FL 33183

Title: VPD ( ) Delete
Name: MARTINEZ, LILY
Address: 8760 SW 133 AVE RD., #320
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: JUNCO, PEDRO
Address: 8540 SW 133RD AVE. RD. UNIT 410
City-St-Zip: MIAMI, FL 33183

Title: S ( ) Delete
Name: LORING, BEA
Address: 8400 SW 133 AVE RD #210
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: EMARCHENA, IVAN
Address: 8520 SW 133RD AVE. RD., #318
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONES GONZALEZ LAURA LISA PD 03/10/2009
Electronic Signature of Signing Officer or Director Date