

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755575 (8)

1. Corporation Name

THE HORIZONS WEST CONDOMINIUM NO. 1 ASSOCIATION, INC.

Principal Place of Business

8400 SW 133 AVENUE RD.
#221
MIAMI FL 33183

Mailing Address

8400 SW 133 AVENUE RD.
#221
MIAMI FL 33183



3. Date Incorporated or Qualified
12/16/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-2066758

Applied For
Not Applicable

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORA, REINA
8400 SW 133 AVENUE ROAD, #221
MIAMI FL 33183**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P MORA, REINA**
STREET ADDRESS **8400 SW 133RD AVE RD #221**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE

NAME **VD SALDANA, VICENTA**
STREET ADDRESS **8400 SW 133RD AVE RD #417**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE

NAME **D LEVIN, LILIAN**
STREET ADDRESS **8400 SW 133RD AVE RD #404**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE

NAME **TS GUASCH, CARMEN**
STREET ADDRESS **8400 SW 133RD AVE RD #412**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE

NAME **D GITTO, MARY**
STREET ADDRESS **8400 SW 133RD AVE RD #123**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Reina Mora*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/96

386-2262

Date

Daytime Phone #

CR2E037 (12/95)