


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90167 007 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755575					
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 C/O COURTESY PROPERTY 9380 SUNSET DR B-250 MIAMI FL 33173 US		



2. Principal Place of Business 21 13250 SW 135 AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 13250 SW 135 AVE Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/16/1980	
23 MIAMI, FL City & State 24 33186 25 DADE Zip Country		28 MIAMI FL City & State 29 33186 30 DADE Zip Country		4. FEI Number 59-2066758 Applied For Not Applicable	
9. Name and Address of Current Registered Agent MORA, REINA 8400 SW 133 AVENUE ROAD, #221 MIAMI FL 33183				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MORA, REINA				
STREET ADDRESS	8400 SW 133RD AVE RD #221				
CITY-ST-ZIP	MIAMI FL 33183				
TITLE	TSD	<input type="checkbox"/> DELETE			
NAME	GUASCH, CARMEN				
STREET ADDRESS	8400 SW 133RD AVE RD #412				
CITY-ST-ZIP	MIAMI FL 33183				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GITTO, MARY				
STREET ADDRESS	8400 SW 133RD AVE RD #123				
CITY-ST-ZIP	MIAMI FL 33183				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	FLORA ALVAREZ				
1.3 STREET ADDRESS	8400 SW 133 AVE RD #418				
1.4 CITY-ST-ZIP	MIAMI FL 33183				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **2/15/99** **305 386-2262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)