

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90040 016 \*\*\*\*61.25

**DOCUMENT # 755575**

1. Entity Name  
**THE HORIZONS WEST CONDOMINIUM NO. 1  
ASSOCIATION, INC.**



Principal Place of Business  
**8400 SW 133 AVE RD  
221  
MIAMI, FL 33186**

Mailing Address  
**11981 SW. 144 CT.  
STE 201  
MIAMI, FL 33186 US**

40005985



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2066758**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE  
SUITE 1102  
MIAMI, FL 33134**

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 PD ☐ Delete  
NAME LORING, BEA  
STREET ADDRESS 8400 SW 133 AVE. RD. #210  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☒ Delete  
NAME CABRERA, LUIS  
STREET ADDRESS 8400 SW 133 AVE. RD. #224  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ Change ☒ Addition  
NAME **\*TREASURER**  
STREET ADDRESS **EUGENIO OLIVA**  
CITY-ST-ZIP **8400 SW 133 AVE # 302**  
**MIAMI, FL 33183**

TITLE D ☒ Delete  
NAME SANCHEZ, GABRIELA  
STREET ADDRESS 8400 SW 133 AVE. RD. #403  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ Change ☒ Addition  
NAME **DARMEN PILLOT**  
STREET ADDRESS **8400 SW 133 AVE**  
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE VS ☐ Delete  
NAME NAVARRO, PAULINA  
STREET ADDRESS 8400 SW 133 AVE. RD. # 1-116  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME OROPESA, CARLOS  
STREET ADDRESS 8400 SW 133 AVE. RD. #221  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☒ Change ☐ Addition  
NAME **SECRETARY**  
STREET ADDRESS **OROPESA, CARLOS**  
CITY-ST-ZIP **8400 SW 133 AVE Rd. #221**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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

1/13/05 305-385-3453