


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 034 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01022007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2066758	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EUGENIO, OLIVA		NAME		
STREET ADDRESS	8400 SW 133 AVE # 322		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PILLOT, CARMEN		NAME		
STREET ADDRESS	8400 SW 133 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRO, PAULINA		NAME		
STREET ADDRESS	8400 SW 133 AVE. RD. # 1-116		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OROPESA, CARLOS		NAME		
STREET ADDRESS	8400 SW 133 AVE. RD. #221		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Bea Loring</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/16/07 <small>Date</small>		
			<small>Daytime Phone #</small>		