

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90180 010 ****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

**C/O THE CONTINENTAL GROUP, LTD
12079 SW 131 AVE
MIAMI FL 33186
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2066758**

Applied For

Not Applicable

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

**MARS, GARY ESQ
HYMAN, KAPLAN ET AL
150 WEST FLAGLER STREET, 2701
MIAMI FL 33130**

Name

SKRLD, INC.

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

201 ALHAMBRA CIRCLE

SUITE 1102

City

CORAL GABLES

FL

Zip Code **33134**

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 **SKRLD, INC., BY:** *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

LISA LERNER, SEC.

5/5/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **RODRIGUEZ, SUZETTE**
STREET ADDRESS **8400 SW 133RD AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **PD** ☒ Change ☐ Addition
NAME **BEA LORING**
STREET ADDRESS **8400 SW 133 AVE RD # 210**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **VS** ☐ Change ☒ Addition
NAME **LUIS CABRERA**
STREET ADDRESS **8400 SW 133 AVE RD # 224**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **D** ☐ Change ☒ Addition
NAME **GABRIELA SANCHEZ**
STREET ADDRESS **8400 SW 133 AVE RD # 403**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VS** ☐ Delete
NAME **LORING, BEA**
STREET ADDRESS **8400 SW 133 AVE RD**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Change ☒ Addition
NAME **CARLOS OROPESA**
STREET ADDRESS **8400 SW 133 AVE RD # 221**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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] **SIGNATURE REQUIRED (Pres)**

1/13/03 305-385-3453

CR2E037 (10/02)

attachment
LAW OFFICES

75555
70054891

SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.

STEVEN M. SIEGFRIED
OSCAR R. RIVERA
LISA A. LERNER
HELIO DE LA TORRE
STUART H. SOBEL
MARIA VICTORIA ARIAS
JAMES F. HARRINGTON
ELISABETH D. KOZLOW

OF COUNSEL
H. HUGH McCONNELL, P.A.

201 ALHAMBRA CIRCLE
11th FLOOR
CORAL GABLES, FLORIDA 33134

200 WEST PALMETTO PARK ROAD, SUITE 301
BOCA RATON, FLORIDA 33432

DADE (305) 442-3334 FAX (305) 443-3292
BROWARD (954) 781-1134 TOLL FREE 1-800-737-1390
BOCA RATON (561) 353-0600

EMAIL: MARIAS@SIEGFRIEDLAW.COM

ROBERTO C. BLANCH
GARY L. BROWN
DANIEL P. GALFOND
PAULA LEVY
ENRIQUE M. LOPEZ
LAURA M. MANNING
VIVIEN T. MONTZ
FERN F. MUSSELWHITE
KENZIE N. SADLAK
ALEXANDRA J. SANCHEZ
L. CHERE TRIGG
DIANA PAEZ-RAMOS
Reply to: Coral Gables Office

FILE NO. 2030201

May 5, 2003

VIA FEDERAL EXPRESS

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399
Attn: Certification Dept.

Re: The Horizons West Condominium No. 1 Association, Inc.

Dear Sir/Madam:

The undersigned law firm represents The Horizons West Condominium No. 1 Association, Inc. ("Association"). Enclosed herewith is the original Uniform Business Report ("Report"), which has been executed by SKRLD, Inc. as Registered Agent together with the Association's check number 001399 in the sum of Sixty-One and 25/100 Dollars (\$61.25), which represents payment of the filing fee.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

SIEGFRIED, RIVERA, LERNER,
DE LA TORRE & SOBEL, P.A.

Maria Victoria Arias
Maria Victoria Arias

MVA/pv
Enclosures
cc: President
Property Manager