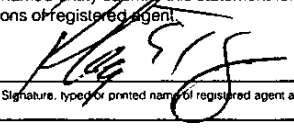
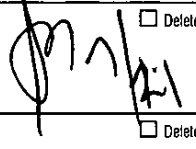
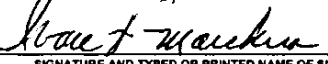


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 756295						FILED 08 JUL 18 AM 10:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name THE HORIZONS WEST CONDOMINIUM NO. 4 ASSOCIATION, INC.				Principal Place of Business 8520 SW 133 AVE MIAMI, FL 33183			
Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 CT MIAMI, FL 33186				2. Principal Place of Business - No P.O. Box #			
3. Mailing Address				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2066766				Applied For ☐ Not Applicable			
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 MIAMI, FL 33134				7. Name and Address of New Registered Agent			
Name				Robert Paige, Esq			
Street Address (P.O. Box Number is Not Acceptable)				9500 South Dadeland Blvd			
Suite, Apt. #, etc.				Suite 350			
City				Miami, FL FL Zip Code 33156			
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 				DATE 7/14/08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, ROSA 8520 SW 133 AVE # 404 MIAMI, FL 33183	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) President IVAN F. Marchena 8520 SW 133 ave unit #318 Miami FL 33183	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, PAULINA 8520 SW 133 AVE RD #204 MIAMI, FL 33183	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) Secretary Adnan Rosa 8520 SW 133 ave unit #324 Miami FL 33183	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PONCE, GASPAR 8520 SW 133 AVE RD #106 MIAMI, FL 33183	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VP) Vice President Jose R. Vazquez 8520 SW 133 ave unit #403 Miami FL 33183	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADMIR, SERRANO 8520 SW 133 AVE UNIT 404 MIAMI, FL 33183	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) Treasurer Admir Serrano 8520 SW 133 ave unit #402 Miami FL 33183	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Director Juan Arcia 8520 SW 133 ave unit #413 Miami FL 33183	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	700133396387 07/24/08--01032--009 **\$1.25				
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:  IVAN F. MARCHENA PRESIDENT							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date							
Daytime Phone #							