

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756295

FILED
Feb 17, 2009
Secretary of State

Entity Name: THE HORIZONS WEST CONDOMINIUM NO. 4 ASSOCIATION, INC.

Current Principal Place of Business:

8520 SW 133 AVE
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GROUP
11981 SW 144 CT
MIAMI, FL 33186

New Mailing Address:

C/O THE CONTINENTAL GROUP
11981 SW 144 CT STE#201
MIAMI, FL 33186

FEI Number: 59-2066766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAIGE, ROBERT ESQ
9500 SOUTH DADELAND BLVD
SUITE 550
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARCHENA, IVAN F
Address: 8520 SW 133 AVE UNIT #318
City-St-Zip: MIAMI, FL 33183

Title: S (X) Delete
Name: ROSA, ADNAN
Address: 8520 SW 133 AVE UNIT #324
City-St-Zip: MIAMI, FL 33183

Title: V () Delete
Name: VAZQUEZ, JOSE R
Address: 8520 SW 133 AVE UNIT #403
City-St-Zip: MIAMI, FL 33183

Title: T () Delete
Name: SERRANO, ADMIR
Address: 8520 SW 133 AVE UNIT #402
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: ARCIA, JUAN
Address: 8520 SW 133 AVE UNIT #413
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE VAZQUEZ

V

02/17/2009

Electronic Signature of Signing Officer or Director

Date