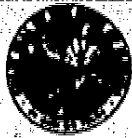


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757287 (8)

1. Corporation Name

**THE HORIZONS NORTH PROPERTY OWNERS ASSOCIATION,
INC.**

Principal Place of Business

Mailing Address

**655 IVES DAIRY ROAD
MIAMI FL 33179**

**9361 FONTAINEBLEU BLVD
MIAMI FL 33172
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1981

3a. Date of Last Report
04/26/1994

4. FEI Number
59-2147864

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J.
700 N.W. 107TH AVE., SUITE #400
MIAMI FL 33172**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD
BIGHAM, ROBERT C.
700 N.W. 107TH AVE.
MIAMI FL

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **GUERRA, ROLAND**
1.3 STREET ADDRESS **9361 FONTAINEBLEAU BLVD.**
1.4 CITY - ST - ZIP **MIAMI, FL 33172**

VTD
CHARLEBOIS, DOROTHY
700 N.W. 107TH AVE.
MIAMI FL

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **CHARLEBOIS, DOROTHY**
2.3 STREET ADDRESS **9361 FONTAINEBLEAU BLVD.**
2.4 CITY - ST - ZIP **MIAMI, FL 33172**

SD
GUERRA, ROLAND
700 N.W. 107TH AVE.
MIAMI FL

3.1 TITLE **TSD** ☒ Change ☐ Addition
3.2 NAME **KUBIT, JOSEPH**
3.3 STREET ADDRESS **9361 FONTAINEBLEAU BLVD.**
3.4 CITY - ST - ZIP **MIAMI, FL 33172**

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-21-95

(305) 552-0932

(Date)

(Daytime Phone #)