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MONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

757287

(8)

DOCUMENT #

1. Corporation Name

FILED Apr 25 1996 8:00 am Secretary of State

THE HORIZONS NORTH PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business Mailing Address 655 IVES DAIRY ROAD 9361 FONTAINEBLEU BLVD							
MIAMI FL 3317		MIAMI FL 33172 US	.0 02.10				
		US			3. Date Incorporated or Qualified 07/15/1981	3a. Date of Last 05/01/19	Report 995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-2147864		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc).		5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State			Election Campaign Financing	\$5.0	0 Мау Ве
3		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. ☐ Yes ☐ No	199.032,
	25	29	30		Florida Statutes L. 10. Name and Address of New Ro		
	9. Name and Address of Cui	rrent Hegistered Agent	81	Name	10. Hanto aria Madreso of Treat		
WATOO MODDIO I					ess (P.O. Box Number is Not Acceptable	toy Alimbor is Not Acceptable)	
WATSKY, MORRIS J. 700 N.W. 107TH AVE., SUITE #400					ess (P.O. Box Northber is Not Acceptable		
MIAMI FL	. 33172		83				
			84	City		FL 85 Zi	o Code
				amod namor	ation submits this statement for the pur	page of changing He s	egistered office
	did provided to continue	Flavida, Oush shooss was old	horized by the corpo	ration's boar	d of directors. I hereby accept the appo	omment as registered	agent. ram
or registere familiar with	o the provisions of Sections 617.0 ed agent, or both, in the State of F h, and accept the obligations of, §		itutes.				
or registere familiar with	ad agent, or both, in the State of the h, and accept the obligations of, \$ Signature, typed or printed name of registered	Section 617.0503, Florida Sta	(NOTE: Registered Agent		j when reinstal ng)	DATE	
or registere familiar with	ad agent, or both, in the state of it, and accept the obligations of, \$ Signature, typed or printed name of registered OFFICERS	Section 617.0503, Florida Sta agent and tile if applicable.	(NOTE: Registered Agent			DATE	DRS IN 12
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appears in Block 12 or Block 12 if thanged, or on an attachment with an address.

SIGNATURE: