2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766855

FILED Apr 24, 2009 Secretary of State

Entity Nam	ne: HORIZ	ON PLACE HOMEOWNERS' ASS	SOCIATION, INC.		
Current Pr	incipal Pla	ce of Business:	New Principal Place	of Business:	
3419 BEAC TAMPA, FL					
Current Ma	ailing Add	ress:	New Mailing Address	New Mailing Address:	
3419 BEAC TAMPA, FL					
FEI Number:	51-3348782	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
BURRELL, 3419 BEAC TAMPA, FL	H ST	US			
The above in the State		ty submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P CRAYTON, S 3421 W BEA TAMPA, FL	ACH ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S BURRELL, L 3419 BEACH TAMPA, FL	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T KELLY, CYN 3417 BEACH TAMPA, FL	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LORING BURRELL S 04/24/2009