

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 050 ****61.25

DOCUMENT # 768384

1. Entity Name
**THE HORIZONS WEST CONDOMINIUM NO. 8
ASSOCIATION, INC.**



Principal Place of Business
**8700 SW 133 AVENUE ROAD
MIAMI, FL 33183 US**

Mailing Address
**11981 SW 144 CT.
201
MIAMI, FL 33186**

00000073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2267748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HYMAN & KAPLAN, BARY MARS
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **SKRLD, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle

Suite 1102

City **Coral Gables**

FL

Zip Code **33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Lisa Lerner Secretary 3/19/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **D** ☒ Delete
NAME **GARCIA, VIRGINIA**
STREET ADDRESS **15102 SW 45TH LN**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **P** ☐ Delete
NAME **WILLIAMS, KATHY**
STREET ADDRESS **8900 SW 133 RD UNIT 411**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☒ Delete
NAME **WILLIAMS, KATHY**
STREET ADDRESS **8700 SW 133 AVE #411**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☒ Delete
NAME **MELENDEZ, JULIO**
STREET ADDRESS **8700 SW 133 AVE. #113**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(T)** ☒ Change ☐ Addition
NAME **JULIO MELENDEZ**
STREET ADDRESS **8700 SW 133 AVE #113**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **(VP)** ☐ Change ☒ Addition
NAME **MARINELVA MIRANDA**
STREET ADDRESS **8700 SW 133 AVE #305**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **(S)** ☐ Change ☒ Addition
NAME **GLADYS SALHELD**
STREET ADDRESS **8700 S.W. 133 AVE. #312**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.


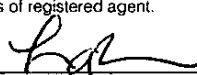
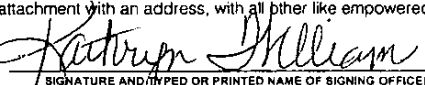
SIGNATURE:

Kathryn Williams Kathryn Williams

Date

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # 768384 1. Entity Name THE HORIZONS WEST CONDOMINIUM NO. 8 ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 8700 SW 133 AVENUE ROAD MIAMI, FL 33183 US | | | Mailing Address 11981 SW 144 CT. 201 MIAMI, FL 33186 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 01032008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-2267748 | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HYMAN & KAPLAN, BARY MARS 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134 | | | | 7. Name and Address of New Registered Agent Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 1102 City Coral Gables FL Zip Code 33134 | |
| 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  Lisa Lerner, Secretary 3/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D GARCIA, VIRGINIA 15102 SW 45TH LN MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ① JULIO MELENDEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8700 SW 133 AVE #113 MIAMI, FL. 33183 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, KATHY 8900 SW 133 RD UNIT 411 MIAMI, FL 33183 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ② MARINELVA MIRANDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8700 SW 133 AVE #305 MIAMI, FL. 33183 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, KATHY 8700 SW 133 AVE #411 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ③ GLADYS SALHELD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8700 S.W. 133 AVE. #312 MIAMI, FL. 33183 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MELENDEZ, JULIO 8700 SW 133 AVE. #113 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  Kathryn Williams 1/16/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

157512

ATTACHMENT

50000075-