


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90010 006 ****61.25

DOCUMENT # N00000000485 1. Entity Name HORIZONS WEST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3401 GULF DRIVE HOLMES BEACH FL 34217	Mailing Address 3401 GULF DRIVE HOLMES BEACH FL 34217
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIGARI, WANDA 3401 GULF DRIVE, #122 HOLMES BEACH FL 34217
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Wanda Figari, pres. Wanda Figari 04/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGARI, WANDA 3401 GULF DRIVE, #122 HOLMES BEACH FL 34217	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATURO, BOB 3401 GULF DRIVE #111 HOLMES BEACH FL 34217	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BINDLEY, MIKE 3401 GULF DRIVE #121 HOLMES BEACH FL 34217	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGARI, LOU 3401 GULF DRIVE #122 HOLMES BEACH FL 34217	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATURO, DIANE 3401 GULF DRIVE, #111 HOLMES BEACH FL 34217	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GREG 3401 GULF DR. # 112 HOLMES BEACH FL 34217	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wanda Figari - Pres. Wanda Figari 04/25/07 (941) 778-3218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #