

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000485

FILED
Apr 29, 2009
Secretary of State

Entity Name: HORIZONS WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3401 GULF DRIVE
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

3401 GULF DRIVE
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIGARI, WANDA
3401 GULF DRIVE, #122
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIGARI, WANDA
Address: 3401 GULF DRIVE, #122
City-St-Zip: HOLMES BEACH, FL 34217

Title: VP () Delete
Name: BINDLEY, MIKE
Address: 3401 GULF DR #121
City-St-Zip: HOLMES BEACH, FL 34217

Title: S () Delete
Name: MATURO, BOB
Address: 3401 GULF DR #111
City-St-Zip: HOLMES BEACH, FL 34217

Title: T () Delete
Name: FIGARI, LOU
Address: 3401 GULF DRIVE #122
City-St-Zip: HOLMES BEACH, FL 34217

Title: D () Delete
Name: MATURO, DIANE
Address: 3401 GULF DRIVE, #111
City-St-Zip: HOLMES BEACH, FL 34217

Title: D () Delete
Name: ANDERSON, GREG
Address: 3401 GULF DR. # 112
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WANDA FIGARI

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date