

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90060 049 ****61.25

DOCUMENT # N01472

1. Corporation Name

NEW HORIZON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**14180 RIVER ROAD, UNIT 10
PENSACOLA FL 32507
US**

Mailing Address

**14180 RIVER ROAD, UNIT 10
PENSACOLA FL 32507
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/16/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3022639

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, JAYNE
14180 RIVER ROAD, UNIT 10
PENSACOLA FL 32507**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KRUMEL, DANIEL
STREET ADDRESS 3920 MONTIEGNE DR
CITY-ST-ZIP PENSACOLA FL 32504

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME ALLEN, KURT
STREET ADDRESS 3537 GREENSHIRE COURT
CITY-ST-ZIP DOUGLASVILLE GA 30135

☒ DELETE

2.1 TITLE VPD
2.2 NAME WALKER, CATHERINE
2.3 STREET ADDRESS 59462 BADON
2.4 CITY-ST-ZIP SLIDELL, LA 70461

☒ Change ☐ Addition

TITLE STD
NAME WARD, JAYNE
STREET ADDRESS 14180 RIVER ROAD, UNIT 10
CITY-ST-ZIP PENSACOLA FL 32507

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required** 4/15/99 850 444 9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0078092

CR2E037-(11/98)