

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90029 008 ****61.25

DOCUMENT # N01472

1. Entity Name

NEW HORIZON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**5480 NORTH SHORE ROAD
PENSACOLA FL 32507
US**

Mailing Address

**5480 NORTH SHORE ROAD
PENSACOLA FL 32507
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3022639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

WARD, JAYNE

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

5480 NORTH SHORE ROAD

City

PENSACOLA

FL

Zip Code

32507

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.

SIGNATURE

Jayne Ward

SECRETARY/TREASURER

4/1/01

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **VPD** ☐ Delete
NAME **WALKER, CATHERINE**
STREET ADDRESS **594 62 BADON**
CITY-ST-ZIP **SLIDELL-LA 70461**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **STD** ☒ Change ☐ Addition
NAME **WARD, JAYNE**
STREET ADDRESS **5480 NORTH SHORE ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32507**

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

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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:

Jayne Ward **SECRETARY/TREAS.**

4/1/01

8504920565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)