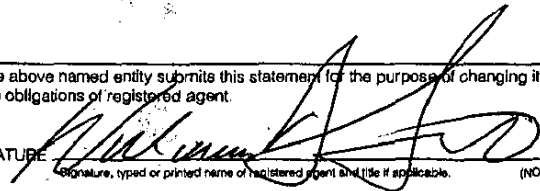
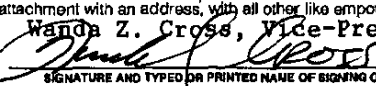


FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90005 046 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01472			
1. Entity Name NEW HORIZON CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % 1920 MONTIEGNE DRIVE PENSACOLA, FL 32504 US		Mailing Address % 1920 MONTIEGNE DRIVE PENSACOLA, FL 32504 US	
2. Principal Place of Business 645 Lost Key Drive Suite, Apt. #, etc.		3. Mailing Address 645 Lost Key Drive Suite, Apt. #, etc.	
City & State Perdido Key, FL		City & State Perdido Key, Florida	
Zip 32507		Country USA	
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	
		Name Bill Leib	
		Street Address (P.O. Box Number is Not Acceptable) 14620 Perdido Key Drive	
		City Perdido Key	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Bill Leib 4/2/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRUMEL, DANIEL 3920 MONTIEGNE DR PENSACOLA, FL 32504 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Christopher J. Hanlon 24301 Walden Center Drive Bonita Springs, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WALKER, CATHERINE 594 62 BADON SLIDELL, LA 70461 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Wanda Z. Cross 645 Lost Key Drive Perdido Key, FL 32507 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WARD, JAYNE. 5480 NORTH SHORE RD. PENSACOLA, FL 32507 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Marcienne Tiebout-Touron 24301 Walden Center Drive Bonita Springs, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 		Wanda Z. Cross, Vice-President & Director 3/26/04 850-492-6352	