FILED
May 21, 2004 8:00 am
Secretary of State
05-21-2004 90005 046 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54055155

03262004 Chg-NP CR2E037 (10/03)

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
Zip: 32507 Country: USA

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	KRUMEL, DANIEL	NAME	Christopher J. Hanlon
STREET ADDRESS	3920 MONTIEGNE DR	STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	Bonita Springs, FL 34114
TITLE	VPD ☒ Delete	TITLE	VPD ☐ Change ☒ Addition
NAME	WALKER, CATHERINE	NAME	Wanda Z. Cross
STREET ADDRESS	594 62 BADON	STREET ADDRESS	645 Lost Key Drive
CITY-ST-ZIP	SLIDELL, LA 70461	CITY-ST-ZIP	Perdido Key, FL 32507
TITLE	STD ☒ Delete	TITLE	STD ☐ Change ☒ Addition
NAME	WARD, JAYNE.	NAME	Marcienne Tiebout-Touron
STREET ADDRESS	5480 NORTH SHORE RD.	STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	Bonita Springs, FL 34114
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Wanda Z. Cross, Vice-President & Director 3/26/04 850-492-6352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #