2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N01472

1. Entity Name
NEW HORIZON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% 1920 MONTIEGNE DRIVE PENSACOLA, FL 32504 US	% 1920 MONTIEGNE DRIVE PENSACOLA, FL 32504 US

03262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
645 Lost Key Drive Suite, Apt. #, etc.	645 Lost Key Drive Suite, Apt. #, etc.
City & State: Perdido Key, FL	City & State: Perdido Key, Florida
Zip: 32507 Country: USA	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 / 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #