
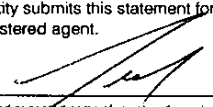
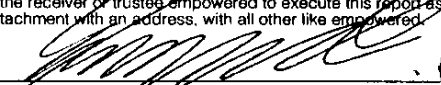


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90035 012 ****61.25

| | | | |
|--|--|--|--|
| DOCUMENT # N02000001566 1. Entity Name HORIZON COMMONS SHOPPING CENTER CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 3740 CURTIS BOULEVARD 108 PORT ST JOHN, FL 32927 | | Mailing Address 3740 CURTIS BOULEVARD 108 PORT ST JOHN, FL 32927 | |
| 2. Principal Place of Business - No P.O. Box # 3860 Curtis Blvd # Suite, Apt. #, etc. #636 City & State PORT ST JOHN, FL Zip 32927 | | 3. Mailing Address 3860 Curtis Blvd Suite, Apt. #, etc. #636 City & State PORT ST JOHN, FL Zip 32927 | |
| 4. FEI Number 32-0029746 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CCG HOLDINGS, INC. 3740 CURTIS BOULEVARD 108 PORT ST JOHN, FL 32927 | | 7. Name and Address of New Registered Agent Name Pickles, Timothy, F. Street Address (P.O. Box Number is Not Acceptable) 3490 North U.S. Hwy 1 City Cocoa State FL Zip Code 32926 | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE 4/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | TITLE | NAME |
| | D | | Vice President |
| STREET ADDRESS | YUSEM, MELVYN R | STREET ADDRESS | Yusem, Melvyn R. |
| CITY-ST-ZIP | 3740 CURTIS BOULEVARD, SUITE 108 PORT ST JOHN, FL 32927 | CITY-ST-ZIP | 3860 Curtis Blvd #636 PORT ST JOHN, FL 32927 |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | TITLE | |
| NAME | RUTTER, JOSIAH B | NAME | |
| STREET ADDRESS | 3740 CURTIS BOULEVARD, SUITE 108 | STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST JOHN, FL 32927 | CITY-ST-ZIP | |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | TITLE | |
| NAME | CAMPANILE, LOUIS | NAME | |
| STREET ADDRESS | 3740 CURTIS BOULEVARD, SUITE 108 | STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST JOHN, FL 32927 | CITY-ST-ZIP | |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | TITLE | President |
| NAME | FERRARO, CARMINE | NAME | Ferraro, Carmine |
| STREET ADDRESS | 3740 CURTIS BOULEVARD, SUITE 108 | STREET ADDRESS | 3860 Curtis Blvd #636 |
| CITY-ST-ZIP | PORT ST JOHN, FL 32927 | CITY-ST-ZIP | PORT ST JOHN, FL 32927 |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | Secretary |
| NAME | | NAME | Pamela Ferraro |
| STREET ADDRESS | | STREET ADDRESS | 3860 Curtis Blvd #636 |
| CITY-ST-ZIP | | CITY-ST-ZIP | PORT ST JOHN, FL 32927 |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4/26/07 Daytime Phone # 321-433-0274 | |