


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90413 027 ****61.25


DOCUMENT # N04000010729	
1. Entity Name HORIZON PALMS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3740 CURTIS BOULEVARD SUITE 108 PORT ST. JOHN, FL 32927	Mailing Address 3740 CURTIS BOULEVARD SUITE 108 PORT ST. JOHN, FL 32927
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2. Principal Place of Business - No P.O. Box # 3860 Curtis Blvd # 636	3. Mailing Address 3860 Curtis Blvd Suite, Apt. #, etc. # 636
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City & State PORT ST JOHN, FL	City & State PORT ST JOHN, FL
Zip 32927	Country USA

40000



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2642436 20-1998674	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 PICKLES, TIMOTHY F 3490 NORTH U.S. HIGHWAY 1 COCOA, FL 32926	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERRARO, CARMINE 3740 CURTIS BLVD 108 COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3860 Curtis Blvd #636 PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP YUSEM, MELVYN R 3740 CURTIS BLVD 108 COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3860 Curtis Blvd #636 PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUTTER, JOSIAH B 3740 CURTIS BLVD 108 COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Rutter, Josiah B 3860 Curtis Blvd #636 PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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  **President Carmine Ferraro** **4/25/07** **321-433-0274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #