

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010729

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** HORIZON PALMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3740 CURTIS BLVD  
SUITE 112  
PORT ST. JOHN, FL 32927

**New Principal Place of Business:**

3860 CURTIS BLVD  
SUITE 632  
PORT ST. JOHN, FL 32927

**Current Mailing Address:**

3740 CURTIS BLVD  
SUITE 112  
PORT ST. JOHN, FL 32927

**New Mailing Address:**

4265 QUECHUA ROAD  
PORT ST. JOHN, FL 32927

**FEI Number:** 20-1998674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PICKLES, TIMOTHY F  
3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FERRARO, CARMINE  
Address: 3740 CURTIS BLVD 112  
City-St-Zip: PORT ST JOHN, FL 32927

Title: DV  
Name: YUSEM, MELVYN R  
Address: 3740 CURTIS BLVD 112  
City-St-Zip: PORT ST JOHN, FL 32927

Title: D  
Name: BARIMO, DOUGLAS  
Address: 3740 CURTIS BLVD 112  
City-St-Zip: PORT ST JOHN, FL 32927

Title: ST  
Name: FERRARO, PAMELA S  
Address: 3740 CURTIS BLVD 112  
City-St-Zip: PORT ST JOHN, FL 32927

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CARMINE FERRARO

PRES

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date