

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47149

FILED
Mar 24, 2009
Secretary of State

Entity Name: SEVENTH HORIZON CONDOMINIUM, INC.

Current Principal Place of Business:

18901 NE 14 AVENUE
CONDO
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

18901 NE 14 AVENUE
CONDO
MIAMI, FL 33179

New Mailing Address:

FEI Number: 59-1227720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMYLE, MORRIS
18901 NE 14 AVENUE
101
MIAMI, FL 33179 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 () Delete
Name: SMYLE, MORRIS
Address: 18901 NE 14TH AVE.
City-St-Zip: MIAMI, FL 331794037

Title: TD () Delete
Name: MAYBERG, SHALOM
Address: 18901 NE 14 AVENUE
City-St-Zip: MIAMI, FL 33179

Title: V () Delete
Name: MAYBERG, ZALMAN
Address: 18901 NE 14 AVENUE
City-St-Zip: MIAMI, FL 33179

Title: S () Delete
Name: SIERRA, LINDA
Address: 18901 NE 14 AVENUE
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: JONAS, TED
Address: 18901 NE 14 AVENUE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHALOM MAYBERG

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date