

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 24, 2009  
Secretary of State

DOCUMENT# N47149

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