

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90068 039 \*\*\*150.00

**DOCUMENT # P99000094538**

1. Entity Name

NEW HORIZONS PROPERTY MANAGEMENT, INC.



Principal Place of Business

2300 DOUGLAS ST #7  
HOLLYWOOD FL 33020

Mailing Address

2300 DOUGLAS ST #7  
HOLLYWOOD FL 33020

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0984247

☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, GAIL W  
717 SW 8TH STREET  
DANIA FL 33004

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ANDERSON, MICHAEL K  
STREET ADDRESS 6620 SW 20TH ST  
CITY-STATE-ZIP MIRAMAR FL 33023

TITLE D ☐ Delete  
NAME MCCRAY, JAKE  
STREET ADDRESS 742 SW 4TH ST  
CITY-STATE-ZIP DANIA BEACH FL 33004

TITLE D ☐ Delete  
NAME MCDUFFIE, BETTYE C  
STREET ADDRESS 10961 TAFT ST  
CITY-STATE-ZIP PEMBROKE PINES FL 33026

TITLE D ☒ Delete  
NAME ALLEN, OCTAVIA  
STREET ADDRESS 219 SW 21ST WAY  
CITY-STATE-ZIP FT LAUDERDALE FL 33312

TITLE D ☐ Delete  
NAME OCTAVIO, ALLEN  
STREET ADDRESS 2254 DOUGLAS ST  
CITY-STATE-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

*Jake McCray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07  
Date

Date

Daytime Phone #