

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 713304

Entity Name: FOURTH HORIZONS CONDOMINIUM INC.

Current Principal Place of Business:

5901 NW 151ST ST
SUITE 100
MIAMI LAKES, FL 33014

Current Mailing Address:

5901 NW 151ST ST
SUITE 100
MIAMI LAKES, FL 33014 US

FEI Number: 59-1226368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOP SERVICE PROPERTY MANAGEMENT
5901 NW 151ST ST
SUITE 100
MIAMI LAKES, FL 33014 US

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: ROBERTO CORRIPIO

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MESA, GLORIA
Address 5901 NW 151ST ST
SUITE 100
City-State-Zip: MIAMI LAKES FL 33014

Title VP
Name MARIN, DENIS
Address 5901 NW 151 STREET SUITE 100
City-State-Zip: MIAMI LAKES FL 33014

Title TREASURER
Name VANGUELA MOZO, YOAMY
Address 5901 NW 151 STREET SUITE 100
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR
Name JOHNSON, KAREN L
Address 5901 NORTHWEST 151ST STREET
SUITE 100
City-State-Zip: MIAMI LAKES FL 33014

Title PRESIDENT
Name THONY, CHARLES
Address 5901 NW 151 STREET
SUITE 100
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR
Name BARRERA, GELEN
Address 5901 NW 151 STREET SUITE 100
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR
Name DOYLEY, STACEY-ANN
Address 5901 NORTHWEST 151ST STREET
SUITE 100
City-State-Zip: MIAMI LAKES FL 33014

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: THONY CHARLES

PRESIDENT

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date