

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717063

**Entity Name:** THREE HORIZONS, NORTH, CONDOMINIUM, INC.

**Current Principal Place of Business:**

1470 NE 125TH TERRACE  
OFFICE  
NORTH MIAMI, FL 33161

**FILED**  
**Jan 04, 2023**  
**Secretary of State**  
**7038385054CC**

**Current Mailing Address:**

1470 NE 125TH TERRACE  
OFFICE  
NORTH MIAMI, FL 33161 US

**FEI Number: 59-1359665**

**Certificate of Status Desired: No**

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

RAY STRAUSS, P.A.  
17270 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GABRIEL , ROBELLA  
Address        1470 NE 125TH TER  
                  600  
City-State-Zip: NORTH MIAMI FL 33161

Title            TREASURER  
Name            ENCINA, IRMA  
Address        1470 NE 125TH TER  
                  UNIT 600  
City-State-Zip: NORTH MIAMI FL 33161

Title            SECRETARY  
Name            ADAMS, NATALIE  
Address        1470 NE 125TH TER  
                  UNIT 600  
City-State-Zip: NORTH MIAMI FL 33161

Title            DIRECTOR  
Name            REGAN, KATHLEEN  
Address        1470 NE 125 TERRACE  
                  UNIT 600  
City-State-Zip: NORTH MIAMI FL 33161

Title            DIRECTOR  
Name            QUINTERO , LILIANA  
Address        1470 NE 125 TERRACE  
                  UNIT 600  
City-State-Zip: NORTH MIAMI FL 33161

Title            VP  
Name            ZIBARYEVA, GANNA  
Address        1470 NE125 TER  
                  600  
City-State-Zip: MIAMI FL 33161

*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: IRMA ENCINA**

**TREASURER**

**01/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date