## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755574

Entity Name: THE HORIZONS WEST PROPERTY OWNERS ASSOCIATION,

INC.

Apr 04, 2019 **Secretary of State** 7124250808CC

**FILED** 

## **Current Principal Place of Business:**

8504 S.W. 133 AVE. RD. MIAMI, FL 33183

## **Current Mailing Address:**

8504 S.W. 133 AVE. RD. MIAMI, FL 33183

FEI Number: 59-2066756 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PAIGE LAW GROUP, P.A. 9500 SOUTH DADELAND BLVD. SUITE 550 MIAMI, FL 33156 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:

Address

City-State-Zip:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VΡ

Name MARTINEZ, LILIANNE Name PILLOT, CARMEN

8760 SW 133 AVE RD 8400 SW 133 AVE RD Address # 320 # 416

MIAMI FL 33183 City-State-Zip: MIAMI FL 33183

**DIRECTOR TREASURER** Title Title

Name IZADA, NIEVELINA Name GORI, MARIA JOSEFINA

8540 SW 133 AVE RD 8650 SW 133 AVE RD Address Address

# 419 # 311

City-State-Zip: City-State-Zip: MIAMI FL 33183 MIAMI FL 33183

Title **SECRETARY** Title **DIRECTOR** Name MARCHENA, IVAN Name ACEVEDO, AIXA

Address 8520 SW 133 AVE RD Address 8500 SW 133 AVE RD # 318 # 208

City-State-Zip: MIAMI FL 33183 City-State-Zip: MIAMI FL 33183

Title DIRECTOR

Name FOMBELLIDA, SANDRA

Address 8420 SW 133 AVE RD

# 408

MIAMI FL 33183 City-State-Zip:

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: LILIANNE MARTINEZ **PRESIDENT** 04/04/2019

Date