

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:05

DOCUMENT # 750083 (8)

1. Corporation Name
THE HARVEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2900 SW 87 TERRACE 2900 SW 87 TERRACE
DAVIE FL 33328-6613 DAVIE FL 33328-6613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1979 3a. Date of Last Report 02/11/1994
4. FEI Number 59-2698903 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A.
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NELLIGAR, WILLIAM A.
STREET ADDRESS 8711 S.W. 30TH ST., SUITE 101
CITY-ST-ZIP DAVIE FL

TITLE VD
NAME VUOLO, RENE
STREET ADDRESS 2911 S.W. 87TH TERR., SUITE 1605
CITY-ST-ZIP DAVIE FL

TITLE SD
NAME SPEIDEL, SALLY
STREET ADDRESS 2800 S.W. 87TH AVE., SUITE 1110
CITY-ST-ZIP DAVIE FL

TITLE TD
NAME HAAS, MARY L.
STREET ADDRESS 3210 ROSEWOOD CT.
CITY-ST-ZIP DAVIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME VD
2.3 STREET ADDRESS MICHAEL A. BANYAS
2.4 CITY-ST-ZIP 2811 S.W. 87TH TERR. UNIT 1203
DAVIE, FL 33328

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *William A. Nelligar* - William A. NELLIGAR 2-13-95 4768784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)