

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750083 (8)
1. Corporation Name
THE HARVEST CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**2900 SW 87 TERRACE
DAVIE FL 33328-6613**

3. Date Incorporated or Qualified
12/06/1979

3a. Date of Last Report
02/22/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELLIGAR, WILLIAM A.	
STREET ADDRESS	8711 S.W. 30TH ST., SUITE 101	
CITY - ST - ZIP	DAVIE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANYAS, MICHAEL A	
STREET ADDRESS	2811 S.W. 87TH TERR. UNIT 1203	
CITY - ST - ZIP	DAVIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPEIDEL, SALLY	
STREET ADDRESS	2800 S.W. 87TH AVE., SUITE 1110	
CITY - ST - ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAAS, MARY L.	
STREET ADDRESS	3210 ROSEWOOD CT.	
CITY - ST - ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHIELDS, SHARON	
1.3 STREET ADDRESS	2930 S.W. 87TH TER., #1802	
1.4 CITY - ST - ZIP	DAVIE, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	UFFER, BERNARD	
2.3 STREET ADDRESS	2810 SW 87TH TERR. #914	
2.4 CITY - ST - ZIP	DAVIE, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VUOLO, RENE	
3.3 STREET ADDRESS	2911 SW 87TH TERR., #1605	
3.4 CITY - ST - ZIP	DAVIE, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rene Vuolo* **May 13, 1996** 954-416-9784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)