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Mar 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750083

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 12/06/1979	4. FEI Number 59-2698903	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFER, BERNARD	1.2 NAME	McCLAIN, MARCIA
STREET ADDRESS	2810 SW 87TH AVE #914	1.3 STREET ADDRESS	2930 SW 87th Terr #1803
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP	Davie, FL 33328
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, MARCIA	2.2 NAME	ROBINSON, ROSEMARY
STREET ADDRESS	2930 SW 87TH TERR #1803	2.3 STREET ADDRESS	2961 SW 87th Ave #306
CITY-ST-ZIP	DAVIE FL 33328	2.4 CITY-ST-ZIP	Davie, FL 33328
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KICKBUSH, BRIAN	3.2 NAME	HAAS, MARY L.
STREET ADDRESS	2801 S.W. 87TH AVE., #1003	3.3 STREET ADDRESS	3210 Rosewood Ct.
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	Davie, FL 33328
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISEBERG, NANCY	4.2 NAME	NELLIGAR, WILLIAM A.
STREET ADDRESS	2921 SW 87TH AVE #807	4.3 STREET ADDRESS	11510 Shipwatch Dr. #1378
CITY-ST-ZIP	DAVIE FL 33328	4.4 CITY-ST-ZIP	Largo, FL 33774
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, SHARON	5.2 NAME	SHIELDS, SHARON
STREET ADDRESS	2930 S.W. 87TH TER., #1802	5.3 STREET ADDRESS	2930 SW 87th Ter. #1802
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	Davie, FL 33328
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VUOLO, RENE C.	6.2 NAME	HEWITT, JAMES
STREET ADDRESS	2911 S.W. 87TH TERRACE, #1605	6.3 STREET ADDRESS	2910 SW 87th Ter #1708
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	Davie, FL 33328

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99
 Daytime Phone #

CR2E037 (11/98)