

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90542 030 \*\*\*\*61.25

0048455

**DOCUMENT # 750083**

1. Entity Name

**THE HARVEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2900 SW 87 TERRACE  
 DAVIE FL 33328-6613

2900 SW 87 TERRACE  
 DAVIE FL 33328-6613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2698903**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME **MCCLAIN, MARCIA**  
 STREET ADDRESS **2930 SW 87TH TERR #1803**  
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE D  Change  Addition  
 NAME **NELLIGAR, WILLIAM**  
 STREET ADDRESS **311510 SHIPWATCH DR. #1378**  
 CITY-ST-ZIP **LARGO, FL 33774**

TITLE VD  Delete  
 NAME **ROBINSON, ROSEMARY**  
 STREET ADDRESS **2961 SW 87TH AVE #306**  
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE VD  Change  Addition  
 NAME **JEGERS, MARTIN**  
 STREET ADDRESS **8701 SW 30TH ST. #205**  
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE D  Delete  
 NAME **KICKBUSH, BRIAN**  
 STREET ADDRESS **2801 S.W. 87TH AVE., #1003**  
 CITY-ST-ZIP **DAVIE FL**

TITLE D  Change  Addition  
 NAME **OLSON, NANCY**  
 STREET ADDRESS **2800 SW 87TH AVE. #1101**  
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE D  Delete  
 NAME **HEWITT, JAMES**  
 STREET ADDRESS **2910 SW 87 TERR #1708**  
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE D  Change  Addition  
 NAME **SPEIDEL, SALLY**  
 STREET ADDRESS **2800 SW 87TH AVE. #1107**  
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE TD  Delete  
 NAME **SHIELDS, SHARON**  
 STREET ADDRESS **2930 S.W. 87TH TER., #1802**  
 CITY-ST-ZIP **DAVIE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME **VUOLO, RENE C.**  
 STREET ADDRESS **2911 S.W. 87TH TERRACE, #1605**  
 CITY-ST-ZIP **DAVIE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARCIA MCCLAIN, PRES*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01

Date

Daytime Phone #

CR2E037 (10/00)