

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750083

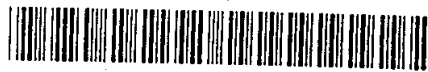
1. Entity Name

THE HARVEST CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90056 005 \*\*\*\*61.25

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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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POLIAKOFF, GARY A.  
 BECKER & POLIAKOFF, P.A.  
 3111 STIRLING RD.  
 FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent  
 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 FREE IS \$1.25	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLAIN, MARCIA 2930 SW 87TH TERR #1803 DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEGERS, MARTIN 8701 SW 30TH ST., #205 DAVIE FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, JAMES 2930 SW 87TH TERR. #1806 DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KICKBUSH, BRIAN 2801 S.W. 87TH AVE., #1003 DAVIE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, TERRY 2910 SW 87TH TERR. #1705 DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, JAMES 2910 SW 87 TERR #1708 DAVIE FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, NANCY 2961 SW 87TH AVE. #1101 DAVIE, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIELDS, SHARON 2930 S.W. 87TH TER., #1802 DAVIE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, SHARON 2930 SW 87TH TER. #1802 DAVIE, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VUOLO, RENE C. 2911 S.W. 87TH TERRACE, #1605 DAVIE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VUOLO, RENE C. 2911 SW 87TH TERR. #1605 DAVIE, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 PRESIDENT 3/25/02 954-476-8954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
\$70147  
#7 50083



**The HARVEST**  
CONDOMINIUM ASSOCIATION, INC.

2900 S.W. 87th Terrace  
Davie, FL 33328

(954) 476-8784  
Fax (954) 476-7699

June 12, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2002 Uniform Business Report  
The Harvest Condominium Association, Inc.  
Document #750083  
FEI # 59-2698903

Gentlemen:

On March 25, 2002, our office mailed to you the executed UBR described above, together with our check #5961 in the amount of \$61.25. Since, after 2 months, we had not received from our bank the cancelled check, we telephoned your offices and we were informed that the same was never received by you. Enclosed find copies of the original form and check which we mailed in your pre-addressed envelope.

In accordance with the instructions from your office, we enclose herewith, replacement check #6076 together with a copy of the UBR for filing which, we trust, you will accept as a valid report to replace the original which appears to have been lost.

Sincerely,

THE HARVEST CONDOMINIUM

By

  
Marcia McClain, Manager

Enclosure: Copy of UBR and check #5961  
dated: 3/25/02  
Check #6076 for \$61.25 and  
copy of UBR for filing

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750083

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

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Zip

Country

4. FEI Number

59-2698903

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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FL

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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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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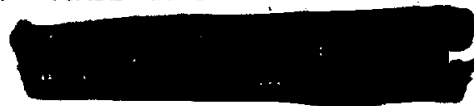
SIGNATURE:

*[Handwritten Signature]*

*[Handwritten Signature]*

*[Handwritten Signature]*

Attachment  
870147



DO NOT WRITE IN THIS SPACE

0074870

CD02017 (0/01)

Attachment

870147

# 750083

FORM NO. A-11-BPD

850 | 245 - 6059

DATE ISSUED TO: *3/25/10*  
*Department of State*

DESCRIPTION: *Foreign License Bu by 5941*

ACCOUNT # *750083*  
FEI # *59-2698903*

REMITTANCE ADVICE

NON-NEGOTIABLE  
RECORD OF EXAMINATIONS OF PAYMENTS

CHECK NUMBER: *612*