FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05102 (1)

1. Corporation Name
THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SUMMIT PROP MANAGEMENT, INC. 6289 W SUNRISE BLVD #202 SUNRISE FL 33313	C/O SUMMIT PROP MANAGEMENT, INC. 6289 W SUNRISE BLVD #202 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2446390 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SUMMITT PROPERTY MANAGEMENT, INC.
6289 W SUNRISE BLVD #202
SUNRISE FL 33313

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, 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	~~VD~~	1.1 TITLE	D	☑ Change ☐ Addition
NAME	COMORA, ELLEN	1.2 NAME		
STREET ADDRESS	21382 MARINA COVE CIRCLE D-16	1.3 STREET ADDRESS		
CITY - ST - ZIP	N. MIAMI BEACH FL	1.4 CITY - ST - ZIP		
TITLE	~~SD~~	2.1 TITLE	S/D	☑ Change ☐ Addition
NAME	~~LEVINE, DOLLY~~	2.2 NAME	Libby Shapiro	
STREET ADDRESS	~~21230 HARBOR WAY #272~~	2.3 STREET ADDRESS	21385 Marina Cove Circle, E-14	
CITY - ST - ZIP	~~N. MIAMI BCH FL~~	2.4 CITY - ST - ZIP	N. Miami Beach, FL	
TITLE	~~TD~~	3.1 TITLE	T/D	☑ Change ☐ Addition
NAME	~~MILSTONE, BURRIS~~	3.2 NAME	Dolly Levine	
STREET ADDRESS	~~21180 MAINSAIL CIRCLE,~~	3.3 STREET ADDRESS	21230 Harbor Way, #272	
CITY - ST - ZIP	~~N. MIAMI BEACH FL~~	3.4 CITY - ST - ZIP	N. Miami Bch, FL	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	WADRO, CHARLES M	4.2 NAME		
STREET ADDRESS	21248 HARBOR WAY UNIT 245	4.3 STREET ADDRESS		
CITY - ST - ZIP	N. MIAMI BEACH FL	4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE	V/D	☐ Change ☑ Addition
NAME		5.2 NAME	Beverly Mars	
STREET ADDRESS		5.3 STREET ADDRESS	21160 Maurgie Circle, H-11	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	N. Miami Bch., FL 33180	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		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)(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.

SIGNATURE: _____ 4/13/95 305-652-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000044