

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90039 011 ****61.25

DOCUMENT # N05102

1. Entity Name

THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

10034 W MCNAB ROAD
 TAMARAC FL 33321
 US

Mailing Address

10034 W MCNAB ROAD
 TAMARAC FL 33321
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2446390

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSOLIDATED COMMUNITY MANAGEMENT
10034 WEST MCNAB ROAD
TAMARAC FL 33321

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 **SD** ☐ Delete
 NAME **SHAPIRO, LIBBY**
 STREET ADDRESS **21385 MARINA COVE CIRCLE #E14**
 CITY-ST-ZIP **N. MIAMI BCH FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **AART SHEPARD**
 STREET ADDRESS **21228 HARBOR WAY # 252**
 CITY-ST-ZIP **AVONUTAMA FL**

TITLE **PD** ☐ Delete
 NAME **MARS, BEVERLY**
 STREET ADDRESS **21160 MAINSAIL CIRCLE #4-11-**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **SETH KUKER** ☐ Change ☒ Addition
 NAME **SETH KUKER**
 STREET ADDRESS **21378 MARINA COVE CIR B-B**
 CITY-ST-ZIP **AVONUTAMA**

TITLE **TD** ☒ Delete
 NAME **KAUFMANN, MANIFRED**
 STREET ADDRESS **21236 HARBOR WAY #271**
 CITY-ST-ZIP **AVENTURA FL**

TITLE **LESLIE YOUNG** ☐ Change ☒ Addition
 NAME **LESLIE YOUNG**
 STREET ADDRESS **1327 VAN BUREN ST.**
 CITY-ST-ZIP **HOLLYWOOD, FL, 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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)(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:

Beverly MARS, Pres. 1-15-2001 954789903
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)