

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05102

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

10034 W MCNAB ROAD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

10034 W MCNAB ROAD  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 59-2446390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSOLIDATED COMMUNITY MANAGEMENT  
10034 WEST MCNAB ROAD  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SHAPIRO, LIBBY  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: RAINER, GILBERT  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: PD ( ) Delete  
Name: KUKER, SETH  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: WEISS, BERNARD  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete  
Name: LANAIR, ROBERT  
Address: 10034 W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: SHAPIRO, LIBBY  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change ( ) Addition  
Name: LUSTGARTEN, MOISES  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: PD (X) Change ( ) Addition  
Name: LANIER, ROBERT  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: VPD (X) Change ( ) Addition  
Name: WEISS, BERNARD  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LANIER

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date