

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N12867 (0)**

1. Corporation Name  
**LA MIRAGE OF HARBOR VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313** **6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313**

3. Date Incorporated or Qualified **01/06/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number <b>59-2434491</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent** **10. Name and Address of New Registered Agent**

**SUMMIT PROPERTY MANAGEMENT  
6289 W. SUNRISE BLVD., SUITE 202  
SUITE 202  
SUNRISE FL 33313**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, MIKE</b>	12 NAME	
STREET ADDRESS	<b>21140 JIB CT, #L-14</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BCH FL</b>	14 CITY- ST- ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, RAY</b>	22 NAME	
STREET ADDRESS	<b>21190 MAINSAIL CIRCLE, A-18</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BCH FL</b>	24 CITY- ST- ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARS, BEVERLY</b>	32 NAME	
STREET ADDRESS	<b>21160 MAINSAIL #H-11</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BCH FL</b>	34 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLE, GERARD</b>	42 NAME	
STREET ADDRESS	<b>21120 TOB CT #K-11</b>	43 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BCH FL</b>	44 CITY- ST- ZIP	
TITLE	<del><b>GD</b></del> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>ZUPNICK, SHARON</b></del>	52 NAME	
STREET ADDRESS	<del><b>21165 HELLSMAN DR G12</b></del>	53 STREET ADDRESS	
CITY- ST- ZIP	<del><b>N MIAMI FL</b></del>	54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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)(k), 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:** *Beverly Mars, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)