

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90342 019 ****61.25

0030901

DOCUMENT # N12867

1. Entity Name

LA MIRAGE OF HARBOR VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CONSOLIDATED COMMUNITY MGT
 10034 WEST MCNAB RD
 TAMARAC FL 33321
 US

CONSOLIDATED COMMUNITY MGT
 10034 WEST MCNAB RD
 TAMARAC FL 33321
 US

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 **59-2434491**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSOLIDATED COMMUNITY MGT
 10034 WEST MCNAB RD
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MANS, BEVERLY	21160 MAIN SAIL CIR	N MIAMI BCH FL	<input type="checkbox"/>
D	FRANKLE, GERARD	21160 MAINSAIL #H-11	N MIAMI BCH FL	<input checked="" type="checkbox"/>
SD	GOTLIEB, ARLENE	2116 MAINSAIL CIR	AVENTURA FL 33180	<input type="checkbox"/>
D	JOHNSON, RAY	21190 MAINSAIL AT8	AVENTURA FL	<input checked="" type="checkbox"/>
VD	DAVIDOVIC, RONALD	21185 MAINSAIL CIR D13	AVENTURA FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MARS, Beverly	10034 W MCNAB RD	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPO	LANIER, Robert	10034 W MCNAB RD	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SO	GOTLIEB, Arlene	10034 W MCNAB RD	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TO	Rose, Mike	10034 W MCNAB RD	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DAVIDOVIC, Ronald	10034 W MCNAB RD	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Mans*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)