

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 03, 2009  
Secretary of State**

DOCUMENT# N12867

Entity Name: LA MIRAGE OF HARBOR VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CONSOLIDATED COMMUNITY MGT  
10034 WEST MCNAB RD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

CONSOLIDATED COMMUNITY MGT  
10034 WEST MCNAB RD  
TAMARAC, FL 33321 US

**New Mailing Address:**

FEI Number: 59-2434491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PICKLES, ROGER G ESQ.  
LAW OFFICE OF ROBERT P. KELLY  
2514 HOLLYWOOD BLVD STE 307  
HOLLYWOOD, FL 33020 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: PD ( ) Delete  
Name: ROGERS, PATRICIA  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

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

Title: VPD ( ) Delete  
Name: SHAMAH, SARITA  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: D (X) Change ( ) Addition  
Name: SHAMAH, SARITA  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA ROGERS

P

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date