

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05102 (1)

1. Corporation Name

THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SUMMIT PROP MANAGEMENT, INC.
6289 W SUNRISE BLVD #202
SUNRISE FL 33313

C/O SUMMIT PROP MANAGEMENT, INC.
6289 W SUNRISE BLVD #202
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1984 3a. Date of Last Report 04/26/1994

4. FBI Number 59-2446390 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMITT PROPERTY MANAGEMENT, INC.
6289 W SUNRISE BLVD #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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~NO~~
NAME COMORA, ELLEN
STREET ADDRESS 21382 MARINA COVE CIRCLE D-16
CITY - ST - ZIP N. MIAMI BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ~~SD~~
NAME ~~LEVINE, DOLLY~~
STREET ADDRESS 21236 HARBOR WAY #272
CITY - ST - ZIP N. MIAMI BEACH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Libby Shapiro
2.3 STREET ADDRESS 21382 Marina Cove Circle, E-14
2.4 CITY - ST - ZIP N. Miami Beach, FL

TITLE ~~TD~~
NAME ~~MILSTONE, BURRIS~~
STREET ADDRESS 21160 MAINSAIL CIRCLE
CITY - ST - ZIP N. MIAMI BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Dolly Levine
3.3 STREET ADDRESS 21236 Harbor Way #272
3.4 CITY - ST - ZIP N. Miami Beach, FL

TITLE PD
NAME WADRO, CHARLES M
STREET ADDRESS 21248 HARBOR WAY UNIT 245
CITY - ST - ZIP N. MIAMI BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME V/O Beverly Mars
5.3 STREET ADDRESS 21160 Mainsail Circle, H-11
5.4 CITY - ST - ZIP N. Miami Beach, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR

4/13/95

305-652-2260

Date Daytime Phone #