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NONPRÓFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	
DOC 1. Corpor	UMENT ation Name	#

SIGNATURE:

N05102

(1)

THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.

Substance Subs	Principal Place of Business Mailing Address										
2. Principal Place of Buriness 2. A Maing Address 3. Date Incorporated or Curafilled (96/11/1998) 3. Subs. April 4, etc. 3. Subs. April 4	6289 W SUNRISE BLVD #202 628		6289 W SUNRISE BLV	6289 W SUNRISE BLVD #202							
Sulfo, Apt. #, etc.								09/11/1984			
Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc.		lace of Business								- - +	Applied For
City & State Ci		# etc						39 2440390			Not Applicable
City & State Country Zip		a, 010.	h					Certificate of Status Desired			
28	City & State	9						6. Election Campaign Financing		···········	
25			28								
SUMMITT PROPERTY MANAGEMENT, INC. 6289 W SUNRISE BLVD #202 SUNRISE FL 33313 62 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Stelutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forids. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, to a provision of proposition of profess. Price State of Forids. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, to see the composition of profess price of price state of Forids. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent, to see the purpose of changing its registered agent. To see the purpose of changing its registered agent, to see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the purpose of changing its registered agent. To see the pur		· · · · · · · · · · · · · · · · · · ·	h1		Country						199.032,
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Base SUNRISE BLVD #202 SUNRISE FL 33313 Base City	CHARACT	T DDODEDTY MANAGEMENT	INC								
SUNRISE FL 33313			INC.		82	Street	t Address	s (P.O. Box Number is Not Acceptabl	e)		
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 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 a familiar with, and accept the obligations of, Section 617.0505, Florida Statutes. SIGNATURE Signature Signature, typed or present registered agent and tell if epiblicative Profit Floridative Flori					83						
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SIGNATURE	or register	reo agent, or both, in the State of Fr	orida. Such change was authoriz	zed by th	e corp	oration'	s board o	of directors. I hereby accept the appo	intment as	registered	agent. I am
12		,		0.							
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certify that the information indicated entities annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made und	certify that	the information indicated on this ar	a wat this lilling is voluntarily turn inual report or supplemental ann	nsneo an Nual repor	rt is tru	e and a	ally for t securate (ne exemption stated in Section 119.0 and that my signature shall have the s	и (З)(К), Floi same legal	ada Statuti effect as if	as. I further made under
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 supplymental simual report is true and accurate and that my signature shall have the same legal effect as if made under that I am an officer or director of the diproporation or the receiver or Justee empowered to execute this report as required by Chapter 617, Horida Statutes; and that my name appears in Block 12 or Block 3 if changed, or an attachment with an address.	oath; that l appears in	i am an officer or director of the dor Block 12 or Block 13 if changed o	poration or the receiver or duste by on an attachment with an addi	e empov ress.	vered t	о ехеси	ite this re	eport as requirêd by Chapter 617, Flo	rida Statute	s; and tha	it my name

of PHILVED NAME OF SIGNING OFFICER OR DIRECTOR