

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750083

1. Entity Name

THE HARVEST CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90020 003 ****61.25

Principal Place of Business

Mailing Address

2900 SW 87 TERRACE
DAVIE FL 33328-6613

2900 SW 87 TERRACE
DAVIE FL 33328-6613

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

59-2698903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY A.
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312

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 PD ☐ Delete
NAME MCCLAIN, MARCIA
STREET ADDRESS 2930 SW 87TH TERR #1803
CITY-ST-ZIP DAVIE FL 33328

TITLE D ☐ Change ☒ Addition
NAME PLACKO, DEBRA
STREET ADDRESS 2801 SW 87TH AVE. #1008
CITY-ST-ZIP DAVIE, FL 33328

TITLE VD ☒ Delete
NAME MCCLAIN, MARCIA
STREET ADDRESS 2930 SW 87TH TERR. #1803
CITY-ST-ZIP DAVIE FL 33328

TITLE VD ☒ Change ☐ Addition
NAME ROBINSON, ROSEMARY
STREET ADDRESS 2961 SW 87TH AVENUE, #306
CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☐ Delete
NAME KICKBUSH, BRIAN
STREET ADDRESS 2801 S.W. 87TH AVE., #1003
CITY-ST-ZIP DAVIE FL

TITLE D ☐ Change ☒ Addition
NAME NELLIGAR, WILLIAM
STREET ADDRESS 11510 SHIPWATCH DR. #1378
CITY-ST-ZIP LARGO, FL 33774

TITLE D ☒ Delete
NAME WISEBERG, NANCY
STREET ADDRESS 2921 SW 87TH AVE #807
CITY-ST-ZIP DAVIE FL 33328

TITLE D ☐ Change ☒ Addition
NAME HEWITT, JAMES
STREET ADDRESS 2910 SW 87TH TERR #1708
CITY-ST-ZIP DAVIE, FL 33328

TITLE PD ☒ Delete
NAME SHIELDS, SHARON
STREET ADDRESS 2930 S.W. 87TH TER., #1802
CITY-ST-ZIP DAVIE FL

TITLE TD ☒ Change ☐ Addition
NAME SHIELDS, SHARON
STREET ADDRESS 2930 SW 87TH TERRACE, #1802
CITY-ST-ZIP DAVIE, FL 33328

TITLE SD ☐ Delete
NAME VUOLO, RENE C.
STREET ADDRESS 2911 S.W. 87TH TERRACE, #1605
CITY-ST-ZIP DAVIE FL

TITLE D ☐ Change ☒ Addition
NAME HAAS, MARY
STREET ADDRESS 3210 ROSEWOOD DR.
CITY-ST-ZIP DAVIE, FL 33328

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 (954) 476-8784
Date Daytime Phone #

CR2E037 (9/99)