NONPROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

6/

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Jul 13, 2000 8:00 am
Secretary of State
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DOCUMENT # N05102

Corporation Name: Harbor Village Community Association Inc

Name of Business: 10034 W McNab Rd C/O Tamarac, Fl 33321

Mailing Address: Consolidated Mgt 10034 W McNab Rd Tamarac, FL 33321

[redacted]

Principal Place of Business: 10034 W McNab Rd	2a. Mailing Address: 10034 W McNab Rd	3. Date Incorporated or Qualified: 1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 59-2446390 ☐ Applied For ☐ Not Applicable
City & State: Tamarac FL	City & State: Tamarac	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Country / Zip: 33321	Zip: 33321 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

United Community Mgt Assoc
3300 University Drive
405
Coral Springs, FL 33065

10. Name and Address of New Registered Agent

81 Name: Consolidated Community Mgt
82 Street Address (P.O. Box Number is Not Acceptable): 10034 West McNab Road
83
84 City: Tamarac FL 85 Zip Code: 33321

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 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 617.0503, Florida Statutes.

James Miles — 4-27-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE	1.1 TITLE TD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Libby Shapiro 21385 Marina Cove E14 Aventura, FL 333180 ☒ Change ☐ Addition
PD Beverly Mars 21160 Mansail Circle 4-11 Aventura, FL 333180 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Addition
TD MANFRED KAUFMANN #571 21236 HARBOR WAY AVENTURA, FL 333180 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	4.1 TITLE SD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Leslie Brogan 21385 Marina Cove Aventura, FL 333180 ☐ Change ☒ Addition
☐ DELETE	5.1 TITLE D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Mike Avidon 21385 Marina Cove Aventura, FL 333180. ☒ Addition
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 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 address, with all other like empowered.

SIGNATURE: SIGNATURE REQU: Beverly Mars 6/30/00 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #