2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90342 021 ****61.25

DOCUMENT # N05102

1. Entity Name

THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4 W MCNAB ROAD TAMARAC FL 33321	10034 W MCNAB ROAD TAMARAC FL 33321 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2446390 — 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
CONSOLIDATED COMMUNITY MANAGEMENT 10034 WEST MCNAB ROAD TAMARAC FL 33321	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 SD NAME SHAPIRO, LIBBY STREET ADDRESS 21385 MARINA COVE CIRCLE #E14 CITY-ST-ZIP N. MIAMI BCH FL	☐ Delete	TITLE SD NAME SHAPIRO, Libby STREET ADDRESS 10034 W McNAb Rd CITY-ST-ZIP TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE PD NAME MARS, BEVERLY STREET ADDRESS 21160 MAINSAIL CIRCLE #4-11 CITY-ST-ZIP N MIAMI BEACH FL	☐ Delete	TITLE PD NAME MARS, Beverly STREET ADDRESS 10034 W McNAb Rd CITY-ST-ZIP TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE D NAME SHEAPARD, ART STREET ADDRESS 21228 HARBOR WAY #252 CITY-ST-ZIP AVENTURA FL	☒ Delete	TITLE D NAME WIESS, BERNARD STREET ADDRESS 10034 W McNAb Rd CITY-ST-ZIP TAMARAC, FL 33321	☐ Change ☒ Addition
TITLE D NAME KUKER, SETH STREET ADDRESS 21378 MARINA COVE CIR B-18 CITY-ST-ZIP AVENTURA FL	☐ Delete	TITLE VPD NAME KUKER, Seth STREET ADDRESS 10034 W McNAb Rd CITY-ST-ZIP TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE D NAME YOUNG, LESLIE STREET ADDRESS 1327 VAN BUREN ST CITY-ST-ZIP HOLLYWOOD FL 33180	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)