

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05102

1. Entity Name
THE HARBOR VILLAGE COMMUNITY ASSOCIATION,
INC.



Principal Place of Business
10034 W MCNAB ROAD
TAMARAC, FL 33321 US

Mailing Address
10034 W MCNAB ROAD
TAMARAC, FL 33321 US

FILED

2007 JUL 11 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05242007 Chg-NP CR2E037 (12/06)

| | | | | | | | |
|--|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 4. FEI Number 59-2446390 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent HUMAN, SPECTOR & MARS, LLP 150 W FLAGLER ST #2701 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Consolidated Community Management Street Address (P.O. Box Number is Not Acceptable) c/o CCM 10034 W. McNab rd City Tamarac FL Zip Code 33321 | | | |
|---|--|--|--|---|--|--|--|

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|--|---|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, SUSIE 10034 W. MCNAB RD TAMARAC, FL 33321 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Patricia Rogers PR-D 21155 Helmsman Dr #414 Aventura, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FINE, EDIE 10034 W. MCNAB RD TAMARAC, FL 33321 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Craig Thier 21388 Marina Cove Cir #615 Aventura, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Fran Zeligman S/TR-D 21244 Harbor Way #217 Aventura, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Shelly Shepard VP-D 21228 Harbor Way #252 Aventura, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jeff Graber D. 21399 Marina Cove Cir #416 Aventura FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800106258068 07/17/07--01016--021 **\$1.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

PATRICIA ROGERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 2007
Date

305-933-9770
Daytime Phone #

7/12aw