

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90025 009 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2446390	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSOLIDATED COMMUNITY MANAGEMENT C/O CCM 10034 W. MCNAB RD TAMARAC, FL 33321			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD ROGERS, PATRICIA 21155 HELMSMAN DR #M14 AVENTURA, FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIER, CRAIG 21388 MARINA COVE CIR #G15 AVENTURA, FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRD ZELIGMAN, FRAN 21244 HARBOR WAY #217 AVENTURA, FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEPPARD, SHELLY 21228 HARBOR WAY #252 AVENTURA, FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABOR, JEFF 21399 MARINA COVE CIR #M16 AVENTURA, FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ 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: <i>PATRICIA ROGERS, President</i>		01/25/2008		305.933.9775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	