

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750083

FILED
Jan 21, 2009
Secretary of State

Entity Name: THE HARVEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2900 SW 87 TERRACE
DAVIE, FL 333286613

New Principal Place of Business:

Current Mailing Address:

2900 SW 87 TERRACE
DAVIE, FL 333286613

New Mailing Address:

FEI Number: 59-2698903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, ROSEMARY
Address: 2961 SW 87TH AVE. #306
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: SHEILDS, SHARON
Address: 2930 SW 87 TERRACE #1802
City-St-Zip: DAVIE, FL 333286613

Title: T () Delete
Name: MATTEWS, ROSSANA
Address: 2831 SW 87TH AVE. #701
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: OLSON, NANCY
Address: 2800 SW 87 AVE #1101
City-St-Zip: DAVIE, FL 33328

Title: D (X) Delete
Name: RASNICK, VICKI
Address: 2930 SW 87 TERR #1805
City-St-Zip: DAVIE, FL 33328

Title: S (X) Delete
Name: POULSON, MARCO
Address: 2961 SW 87 AVE #302
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: COX, DONNA JEAN
Address: 2800 SW 87 AVE
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY ROBINSON

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date