2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750083

Entity Name: THE HARVEST CONDOMINIUM ASSOCIATION, INC.

FILED Feb 03, 2020 **Secretary of State** 7339768159CC

Current Principal Place of Business:

C/O NEXT GENERATION MANAGEMENT SERVICES

8560 WEST STATE ROAD 84

DAVIE, FL 33324

Current Mailing Address:

C/O NEXT GENERATION MANAGEMENT SERVICES 8560 WEST STATE ROAD 84 DAVIE, FL 33324 US

FEI Number: 59-2698903 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAZER AND SACHS, P.A. GLAZER AND SACHS, P.A. 3113 STIRLING ROAD 201 FORT LAUDERDALE, FL 33312 US

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: ERIC M. GLAZER, PRESIDENT 02/03/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT**

Name PAGLINO, PERRY Name MARTINEZ, CHRISTINE

Address C/O NEXT GENERATION Address C/O NEXT GENERATION MANAGEMENT SERVICES MANAGEMENT SERVICES

8560 WEST STATE ROAD 84 8560 WEST STATE ROAD 84

DAVIE FL 33324 City-State-Zip: City-State-Zip: DAVIE FL 33324

DIRECTOR Title Title SECRETARY, TREASURER

WHEELER, MATTHEW Name BOBB, ELIZABETH Name

C/O NEXT GENERATION C/O NEXT GENERATION Address Address

> MANAGEMENT SERVICES MANAGEMENT SERVICES

> 8560 WEST STATE ROAD 84 8560 WEST STATE ROAD 84

DAVIE FL 33324 City-State-Zip: DAVIE FL 33324 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name BERGER, GREG Name BULANOVA, DARIA

C/O NEXT GENERATION C/O NEXT GENERATION Address Address

MANAGEMENT SERVICES MANAGEMENT SERVICES 8560 WEST STATE ROAD 84 8560 WEST STATE ROAD 84

City-State-Zip: DAVIE FL 33324 City-State-Zip: DAVIE FL 33324

Title **DIRECTOR** Title **DIRECTOR**

Name SCHOENBACH, RENEE Name STEVENS, JOSHUA LEE Address C/O NEXT GENERATION Address C/O NEXT GENERATION

MANAGEMENT SERVICES MANAGEMENT SERVICES

8560 WEST STATE ROAD 84 8560 WEST STATE ROAD 84

DAVIE FL 33324 DAVIE FL 33324 City-State-Zip: City-State-Zip:

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I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE MARTINEZ 02/03/2020 **PRESIDENT**

Officer/Director Detail Continued:

Title DIRECTOR

Name SOLENSTEN, ERIK

Address C/O NEXT GENERATION MANAGEMENT

SERVICES 8560 WEST STATE ROAD 84

City-State-Zip: DAVIE FL 33324