

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002811

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**4582669911CC**

**Entity Name:** THE HARVEST RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

2900 SW 87TH TERRACE  
DAVIE, FL 33328

**Current Mailing Address:**

C/O PREMIER ASSOCIATION SERVICES  
10112 USA TODAY WAY 10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

**FEI Number:** 59-2031716

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLAZER, ERICK  
3113 STIRLING RD  
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:** ERICK GLAZER

04/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PAGLINO, PERRY  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328

Title PRESIDENT  
Name WHEELER, MATTHEW  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328

Title DIRECTOR  
Name MALONEY, KATHLEEN  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328

Title DIRECTOR  
Name SOFFER, LYNN  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328

Title VP  
Name ISAACS, HOWARD  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328

Title SECRETARY  
Name CAMARGO, CHINI  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328

Title TREASURER  
Name ROBINSON, ROSEMARY  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328

Title DIRECTOR  
Name BOBB, ELIZABETH  
Address 2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328-6613

**Continues on page 2**

*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:** ROBINSON ROSEMARY

TREASURE,

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FORTMAN , KAREN DIRECTOR,  
Address        2900 SW 87TH TERRACE  
City-State-Zip: DAVIE FL 33328-6613