## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002811

Entity Name: THE HARVEST RECREATION ASSOCIATION, INC.

FILED
Apr 29, 2020
Secretary of State
1271118682CC

# **Current Principal Place of Business:**

C/O NEXT GENERATION MANAGEMENT 8560 W STATE ROAD 84 DAVIE, FL 33324

## **Current Mailing Address:**

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

FEI Number: 59-2031716 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

8560 W STATE ROAD 84

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 GLAZER 04/29/2020

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

City-State-Zip:

above, or on an attachment with all other like empowered.

 Title
 PRESIDENT
 Title
 VICE PRESIDENT

 Name
 MARTINEZ, CHRISTINE
 Name
 PAGLINO, PERRY

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

MANAGEMENT 8560 W STATE ROAD 84

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

Title SECRETARY, TREASURER Title DIRECTOR

Name BOBB, ELIZABETH Name WHEELER, MATTHEW

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

MANAGEMENT MANAGEMENT

8560 W STATE ROAD 84 8560 W STATE ROAD 84

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

Title DIRECTOR Title DIRECTOR

Name BERGER, GREG Name STEVENS, JOSHUA LEE

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

MANAGEMENT
8560 W STATE ROAD 84

MANAGEMENT
8560 W STATE ROAD 84

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

Title DIRECTOR Title DIRECTOR

Name SCHOENBACH, RENEE Name BULANOVA, DARIA

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

MANAGEMENT
8560 W STATE ROAD 84

MANAGEMENT
8560 W STATE ROAD 84

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

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

SIGNATURE: CHRISTINE MARTINEZ PRESIDENT 04/29/2020