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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750082** (0)

1. Corporation Name

THE HARVEST RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2900 S.W. 87TH TERR.
DAVIE FL 33328-3613**

**2900 S.W. 87TH TERR.
DAVIE FL 33328-3613**

3. Date Incorporated or Qualified

12/06/1979

4. FEI Number

59-2031716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARY A. POLIAKOFF, PRESIDENT
BECKER & POLIAKOFF, PA
3111 STIRLING RD.
FT LAUDERDALE FL 33312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	NELLIGAR, WILLIAM A.	
STREET ADDRESS	8711 S.W. 30TH ST., SUITE 101	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BANYAS, MICHAEL A	
STREET ADDRESS	2811 S.W. 87TH TERR. UNIT 1203	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KICKBUSH, BRIAN	
STREET ADDRESS	2801 S.W. 87TH AVE., #1003	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAAS, MARY L.	
STREET ADDRESS	3210 ROSEWOOD CT.	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIELDS, SHARON	
STREET ADDRESS	2930 SW 87TH TERR. #1802	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOKOL, STEPHEN	
STREET ADDRESS	1160 N.W. 95TH AVE.	
CITY-ST-ZIP	PLANTATION FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	UFFER, BERNARD	
1.3 STREET ADDRESS	2810 SW 87TH AVE #914	
1.4 CITY-ST-ZIP	DAVIE, FL 33328	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARCIA McCLAIN	
2.3 STREET ADDRESS	2930 SW 87TH TERR #1803	
2.4 CITY-ST-ZIP	DAVIE, FL 33328	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBINSON, ROSEMARY	
3.3 STREET ADDRESS	2961 SW 87TH AVE #306	
3.4 CITY-ST-ZIP	DAVIE, FL 33328	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WISEBERG, NANCY	
4.3 STREET ADDRESS	2921 SW 87TH AVE #807	
4.4 CITY-ST-ZIP	DAVIE, FL 33328	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VUOLO, RENE	
5.3 STREET ADDRESS	2911 SW 87TH TERR #1605	
5.4 CITY-ST-ZIP	DAVIE, FL 33328	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or organ attachment with an address.

SIGNATURE:

Sharon L. Shields

2/2/98 (957) 476-8784

CR2E037 (10/97)