**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## FILED Mar 05, 1999 8:00 am § Secretary of State

	1999 DIVISION OF CORPORATIONS					03-05-1999 90031 029 ****61.25					
	MENT # 750082										
THE HAI	RVEST RECREATION ASSO	CIATI	ON, INC.								
1116 116	IIVEOT HECHEMION ACCO	01111	1011) 1110·:	- • •						٠.	
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Principal Place of Business			Mailing Address				and the second s		13 of 1 . C.		
2900 S.W. 87TH TERR.		2900 S.W. 87TH TERR.						8   8   1   1   1   1   1   1   1   1	IK <b>i (a.</b> ) ( <b>a.</b> )		
DAVIE FL 33328-3613			DAVIE FL 33328-3613								
							i i Batti (Badi Bitti Batti Pelai (Atte tini eres:	BIBII BIBII BIBII BII			
2. Principal Place of Business			2a. Mailing Address				3. Date Incorporated or Qualifed				
21		26					12/06/1979	<u></u>		l	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number	Ap	plied For	1	
22		27					59-2031716		t Applicable		
City & State		<u> </u>	City & State				5. Certifcate of Status Desired				
23		28	7:-	Count					<del></del>	l	
Zip	Country Zip			Country			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 25 9. Name and Address of Current			29 30			10. Name and Address of New Registered Agent				l	
	Traine and Address of Carlot	ic itogi		8	1 Name					1	
GADV A	DOLIAKOEE DDESIDENT				2 Step =1	A alabas	ss (P.O. Box Number is Not Acceptable)			1	
GARY A. POLIAKOFF, PRESIDENT BECKER & POLIAKOFF, PA				82 Street Addre			ss (P.O. Box Number is Not Acceptable)	,		l	
3111 STIRLING RD.				8	83					l	
FT LAUDERDALE FL 33312					4 65			85 Zip (	`nde	l	
							· -	L		l	
11. Pursuant	to the provisions of Sections 617.050	2 and	617.1508, Florida Statutes,	the abo	ve-named	corpoi	ration submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing its	registered	l	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Flor Itions o	f, Section 617.0503, Florida	Statute	s.	oradion		politiment as to	9.0.0.00	ĺ	
SIGNATURE					_					_	
	Signature, typed or printed name of registered age			gistered Ag 13.	ent signature i	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	ő	
12.	OFFICERS AN	אוט טוג	X DELETE	1.1 TITLE		PD	7,007,1070,011111000 10 0011100	X) Change	Addition	111	
TITLE	UFFER, BERNARD		at section	1.2 NAME			CLAIN, MARCIA		_	1	
NAME	0040 014 07711 41/5 4044	•					30 SW 87th Ter. #1803		1	5	
STREET ADDRESS	DAVIE FL 33328						vie, FL 33328			Š	
CITY-ST-ZIP			DELETE	2.1 TITLE		VĎ		X Change	Addition	2	
NAME	MCCLAIN, MARCIA		2.21		22 NAME ROI		BINSON, ROSEMARY			l	
	STREET ADDRESS 2930 SW 87TH TERRACE #180				2.3 STREET ADDRESS 29		51 SW 87th Ave #306			l	
CITY-ST-ZIP	DAVIE FL 33328	-			-ST-ZIP	Dav	vie, <u>FL 33328</u>			l	
TITLE	D			3.1 TITLE		TD		☐ Change	Addition	l	
NAME	ROBINSON, ROSEMARY				HA	AS, MARY L.		II.	İ		
STREET ADDRESS	2961 SW 87TH AVE #306		3.3 STREET ADDRESS			10 Rosewood Ct.					
CITY+ST-ZIP	DAVIE FL 33328			3.4. CITY-ST-ZIP		Da	vie, FL 33328				
TITLE	D DELETE		4.1 TITLE		D		☐ Change	Addition	1		
NAME	WISEBERG, NANCY		4. 2 NAME		NEI	LLIGAR, WILLIAM A.	٠,				
STREET ADORESS	2921 SW 87TH AVE #801		4.3 STREET ADDRESS			510 Shipwatch Dr. #1378			1		
CITY-ST-ZIP	DAVIE FL 33328		4.4 CITY-ST-ZIP			rgo, FL 33774	570	ALC:	-		
TITLE	SD DELETE		5.1 TITLE		D	TELDO CHADON	Change	<b>XX</b> Addition			
NAME	VUOLO, RENE			5.2 NAM		SH	IELDS, SHARON	•			
STREET ADDRESS		05		ı	ET ADDRESS		30 SW 87th Ter. #1802				
CITY-ST-ZIP	DAVIE FL 33328		□ SCIETE	5.4 CITY 6.1 TITLE			vie, FL 33328	☐ Change	X Addition	1	
TITLE			☐ DELETE	6.2 NAM		l De	MITT IMMES	Change	MT -MONOII	1	
NAME					ET ADDRESS		WITT, JAMES 10 SW 87th Ter. #1708		•		
CTREET ARCRES	1			0.000110	ていしていいかつ	. / 4	10 3W 07 CO 1ET. #1/00			1	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

