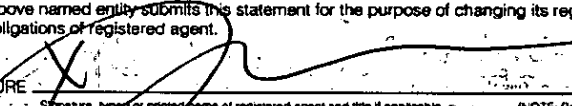


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/27

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90003 050 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                     |                                                                                                                                                                                                                                     |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 750082</b><br>1. Entity Name<br><b>THE HARVEST RECREATION ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                     |                                                                                                                                                                                                                                     |  |                                                                              |
| Principal Place of Business<br>2900 S.W. 87TH TERR.<br>DAVIE, FL 33328-3613                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                                                                     | Mailing Address<br>2900 S.W. 87TH TERR.<br>DAVIE, FL 33328-3613                                                                                                                                                                     |                                                                                   |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                           |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                                     | City & State                                                                                                                                                                                                                        |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         | Country                                                                             |                                                                                                                                                                                                                                     | Zip                                                                               |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | Country                                                                             |                                                                                                                                                                                                                                     | 08132004 Chg-NP CR2E037 (10/03)                                                   |                                                                              |
| 4. FEI Number<br><b>59-2031716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                     |                                                                                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                                     |                                                                                                                                                                                                                                     | <b>\$8.75</b> Additional Fee Required                                             |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>GARY A. POLIAKOFF, PRESIDENT</b><br><b>BECKER &amp; POLIAKOFF, PA</b><br><b>3111 STIRLING RD.</b><br><b>FT LAUDERDALE, FL 33312</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>LEIGH KATZMAN, ESQ.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1501 NW 49 ST. ST. 202</b><br><b>FT. LAUDERDALE, FL 33309</b><br>City <b>FL</b> Zip Code |                                                                                   |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                     |                                                                                                                                                                                                                                     |                                                                                   |                                                                              |
| SIGNATURE  DATE <b>9/15/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                     |                                                                                                                                                                                                                                     |                                                                                   |                                                                              |
| <b>Filing Fee is \$81.25</b><br><b>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                     | <b>\$5.00</b> May Be<br>Added to Fees                                             |                                                                              |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                     |                                                                                                                                                                                                                                     |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                        |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>JEGERS, MARTIN<br>8701 S.W. 30TH ST., #205<br>DAVIE, FL 33328     | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                      | PRESIDENT<br>MICHAEL BANYAS<br>2811 SW 87 TERR. #1203<br>DAVIE, FL 33328          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>KICKBUSH, BRIAN<br>2801 SW 87TH AVE #1003<br>DAVIE, FL 33328       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                      | VICE-PRESIDENT<br>WALTER WITTE<br>2921 SW 87 AVE #511<br>DAVIE, FL 33328          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>MILLER, TERRY<br>2910 SW 87TH TERR. #1705<br>DAVIE, FL 33328      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                      | SECRETARY<br>PAUL INDELICATO<br>2931 SW 87 TERR. #1915<br>DAVIE, FL 33328         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>NELLIGAR, WILLIAM<br>11510 SHIPWATCH DR #1378<br>LARGO, FL 33774   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                      | DIRECTOR<br>ELIZABETH SINKU<br>2961 SW 87 AVE #301<br>DAVIE, FL 33328             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>WOOD, MICHAEL<br>2811 S.W. 86TH TERR. #1205<br>DAVIE, FL 33328    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                      | DIRECTOR<br>TERRY MILLER<br>2910 SW 87 TERR. #1705<br>DAVIE, FL 33328             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>SINKU, ELIZABETH<br>2961 S.W. 87TH TERR. #1205<br>DAVIE, FL 33328 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                      | (Empty)                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                         |                                                                                     |                                                                                                                                                                                                                                     |                                                                                   |                                                                              |
| SIGNATURE:  DATE <b>8-15-04</b> DAYTIME PHONE # <b>9545775302</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                                     |                                                                                                                                                                                                                                     |                                                                                   |                                                                              |

**66433803**

