

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90069 036 \*\*\*\*61.25

DOCUMENT # 750082

1. Entity Name

THE HARVEST RECREATION ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2031716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KATZMAN, LEIGH ESQ  
1501 NW 49 ST  
STE 202  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BANYAS, MICHAEL	
STREET ADDRESS	2811 SW 87 TERR # 1203	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITE, WALTER	
STREET ADDRESS	2921 SW 87 AVE # 511	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, TERRY	
STREET ADDRESS	2910 SW 87TH TERR, #1705	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Delete
NAME	INDELICATO, PAUL	
STREET ADDRESS	2931 SW 87 TERR # 1915	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINKU, ELIZABETH	
STREET ADDRESS	2961 SW 87 AVE # 301	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SEC/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET MALASKA	
STREET ADDRESS	2821 SW 87 AVE # 812	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELIA BEAVERS	
STREET ADDRESS	2961 SW 87 AVE # 311	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN PEREZ	
STREET ADDRESS	2931 SW 87 TERR # 1905	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUE HARRISON	
STREET ADDRESS	2810 SW 87 AVE # 901	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKI RASSNICK	
STREET ADDRESS	2930 SW 87 TERR. # 1805	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY LANDI	
STREET ADDRESS	2821 SW 87 AVE # 801	
CITY-ST-ZIP	DAVIE, FL 33328	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Michael Banyas* MICHAEL BANYAS

3-27-05

9545775302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #