

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90013 015 \*\*\*\*61.25

<b>DOCUMENT # 750082</b> 1. Entity Name <b>THE HARVEST RECREATION ASSOCIATION, INC.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2031716</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZMAN, LEIGH ESQ 1501 NW 49 ST STE 202 FORT LAUDERDALE, FL 33309			Name <b>BAKALAR &amp; EICKHOFER, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 SOUTH PINE ISLAND ROAD</b> <b>SUITE # 540</b> City <b>PLANTATION</b> FL Zip Code <b>33324</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, ROSEMARY		NAME	<b>SHARON SHIELDS</b>	
STREET ADDRESS	2961 SW 87TH AVE., 306		STREET ADDRESS	<b>2930 SW 87 TERR #1802</b>	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTE, WALTER		NAME	<b>MARY LANDI</b>	
STREET ADDRESS	2921 SW 87 AVE # 511		STREET ADDRESS	<b>2821 SW 87 AVE # 201</b>	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHEWS, ROSSANA		NAME	<b>LISA SANTILLI</b>	
STREET ADDRESS	2831 SW 87TH AVE., 701		STREET ADDRESS	<b>2901 SW 87 AVE. #602</b>	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDELICATO, PAUL		NAME	<b>NANCY OLSON</b>	
STREET ADDRESS	2931 SW 87 TERR # 1915		STREET ADDRESS	<b>2800 SW 87 AVE. #1101</b>	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASSNICK, VICKI		NAME	<b>RASSNICK VICKI</b>	
STREET ADDRESS	2930 SW 87 TERR #1805		STREET ADDRESS	<b>2930 SW 87 TERR #1805</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328		CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, SUE		NAME	<b>MARGO POOLSON</b>	
STREET ADDRESS	2810 SW 87 AVE #901		STREET ADDRESS	<b>2961 SW 87 AVE #302</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328		CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			<b>2/2/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		