

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90129 017 \*\*\*\*61.25

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**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**

**60022534**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2031716**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **MCCLAIN, MARCIA**  
STREET ADDRESS **2930 SW 8TH TERR #1803**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **PD** ☐ Change ☒ Addition  
NAME **MARTIN JEGERS**  
STREET ADDRESS **8701 SW 30TH ST. #205**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D** ☐ Delete  
NAME **KICKBUSH, BRIAN**  
STREET ADDRESS **2801 SW 87TH AVE #1003**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VD** ☐ Change ☒ Addition  
NAME **MICHAEL WOOD**  
STREET ADDRESS **2811 S.W. 87TH TERR. #1205**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **TD** ☐ Delete  
NAME **MILLER, TERRY**  
STREET ADDRESS **2910 SW 87TH TERR. #1705**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **SD** ☐ Change ☒ Addition  
NAME **ELIZABETH SINKU**  
STREET ADDRESS **2961 SW 87TH AVE. #301**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D** ☐ Delete  
NAME **NELLIGAR, WILLIAM**  
STREET ADDRESS **11510 SHIPWATCH DR #1378**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE **TD** ☐ Change ☒ Addition  
NAME **ROSANNA MATHEWS**  
STREET ADDRESS **2831 SW 87TH AVE. #701**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **SD** ☒ Delete  
NAME **OLSON, NANCY**  
STREET ADDRESS **2981 SW 87TH AVE # 1101**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES HILL**  
STREET ADDRESS **2930 SW 87TH TERR. #1809**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D** ☒ Delete  
NAME **OLSON, NANCY**  
STREET ADDRESS **2800 SW 87TH AVE. #1101**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☐ Change ☒ Addition  
NAME **RENE C. VUODO**  
STREET ADDRESS **2911 S.W. 87TH TERR. #1605**  
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 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:

**SIGNATURE REQUIRED**

**4/22/03**

CR2E037 (10/02)