2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# 750083

Entity Name: THE HARVEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2900 SW 87 TERRACE
DAVIE, FL 333286613

New Principal Place of Business:

Current Mailing Address:

2900 SW 87 TERRACE
DAVIE, FL 333286613

New Mailing Address:

FEI Number: 59-2698903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SANTILLI, LISA
Address: 2901 SW 87TH AVE. #604
City-St-Zip: DAVIE, FL 33328

Title: VP
Name: MC COON, ROBERT
Address: 2901 SW 87TH AVE. #606
City-St-Zip: DAVIE, FL 333286613

Title: T
Name: ROBINSON, ROSEMARY
Address: 2961 SW 87TH AVENUE #306
City-St-Zip: DAVIE, FL 333286613

Title: S
Name: LANDI, MARY
Address: 2821 SW 87 AVENUE #801
City-St-Zip: DAVIE, FL 333286613

Title: D
Name: KATHIE, MALONEY
Address: 2800 SW 87TH AVENUE #1110
City-St-Zip: DAVIE, FL 33328

Title: D
Name: OLSON, NANCY
Address: 2800 SW 87TH AVENUE #1101
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA SANTILLI PRES 02/16/2011

Electronic Signature of Signing Officer or Director — Date