

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90022 018 ****61.25

DOCUMENT # N02000005989

1. Entity Name
THE HARBORS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Mailing Address
**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

40049783



DO NOT WRITE IN THIS SPACE

02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
02-0690341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SACKS & SACKS-LOUIS CAPLAN
301 YAMATO RD
SUITE 4150
BOCA RATON, FL 33431**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NARDOLILLI, JOHN
STREET ADDRESS	7342 HYPOLEX ROAD, #290
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	P
NAME	LLOYD, CLIFFORD
STREET ADDRESS	140 HARBORS WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	STD
NAME	LENEVE, STEFANIE
STREET ADDRESS	124 HARBORS WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VP
NAME	LEVINE, STEVE
STREET ADDRESS	126 HARBORS WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	SELT'Y/TRES.
NAME	KOSSOWSKY, STAN
STREET ADDRESS	136 HARBORS WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **CLIFFORD LLOYD Pres.** 3/2/08 305-986-1753