

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

6/

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-13-2000 90053 004 ***61.25

DOCUMENT # ~~18~~ N 05102
HARBOR VILLAGE COMMUNITY ASSOCIATION INC

10034 W McNab Rd C/O
TAMARAC, FL 33321
Mailing Address
Consolidated Mt
10034 W McNab Rd
TAMARAC, FL 33321



| | | |
|---|--|--|
| 1. Principal Name of Business 10034 W McNab Rd | 2a. Mailing Address 10034 W McNab Rd | 3. Date Incorporated or Qualified 1984 |
| 2b. Suite, Apt. #, etc. | 4. FEI Number 59-2446390 | Applied For Not Applicable |
| 27. City & State TAMARAC FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 28. Zip 33321 | 29. Zip 33321 | 30. Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |

United Community Mt Assoc
3300 UNIVERSITY DRIVE
405
CORAL SPRING, FL 33065

| | |
|---------------------------------------|---|
| 81. Name Consolidated Community Mt | 82. Street Address (P.O. Box Number is Not Acceptable) 10034 West McNab Road |
| 83. | 84. City TAMARAC |
| 85. Zip Code 33321 | |

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

James Miles
DATE: 4-27-2000

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|--------------------|---|--|
| <input type="checkbox"/> DELETE | 1.1 TITLE TD | Libby Shapiro | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 1.2 NAME | 21385 Marina Cove E14 | |
| | 1.3 STREET ADDRESS | Aventura, FL 333180 | |
| | 1.4 CITY-ST-ZIP | | |
| PD | 2.1 TITLE | | <input type="checkbox"/> Addition |
| | 2.2 NAME | | |
| | 2.3 STREET ADDRESS | | |
| | 2.4 CITY-ST-ZIP | | |
| TD | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 3.2 NAME | | |
| | 3.3 STREET ADDRESS | | |
| | 3.4 CITY-ST-ZIP | | |
| | 4.1 TITLE SD | Leslie Brogan | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | 4.2 NAME | 21385 Marina Cove | |
| | 4.3 STREET ADDRESS | Aventura, FL 333180 | |
| | 4.4 CITY-ST-ZIP | | |
| | 5.1 TITLE D | Mike Avidon | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | 5.2 NAME | 21385 Marina Cove | |
| | 5.3 STREET ADDRESS | Aventura, FL 333180 | |
| | 5.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 6.2 NAME | | |
| | 6.3 STREET ADDRESS | | |
| | 6.4 CITY-ST-ZIP | | |

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Mars SIGNATURE REQUIRED: Beverly Mars 6/30/00
President

CR2007 (11/98)