2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05102

FILED Feb 26, 2009 Secretary of State

Entity Name: THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10034 W MCNAB ROAD TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

10034 W MCNAB ROAD TAMARAC, FL 33321

FEI Number: 59-2446390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NERDINSKY LAW GROUP, PA 1250 E. HALLANDALE BEACH BLVD. STE. 605 HALLANDALE, FL 33009 US

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:

Name:

Address: City-St-Zip: Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete ROGERS, PATRICIA ROGERS, PATRICIA Name: 21155 HELMSMAN DR #M14 Address: 10034 W MCNAB ROAD AVENTURA, FL 33180 City-St-Zip: TAMARAC, FL 33321

Title: Title: (X) Change () Addition () Delete

THIER, CRAIG Name: THIER, CRAIG Name:

Address: 21388 MARINA COVE CIR #G15 Address: 10034 W MCNAB ROAD City-St-Zip: AVENTURA, FL 33180 City-St-Zip: TAMARAC, FL 33321

Title: STRD () Delete Title: STR (X) Change () Addition

ZELIGMAN, FRAN ZELIGMAN, FRAN Name: Name: Address: 21244 HARBOR WAY #217 Address: 10034 W MCNAB ROAD City-St-Zip: AVENTURA, FL 33180 City-St-Zip: TAMARAC, FL 33321

() Delete Title: VPD Title: (X) Change () Addition

SHEPPARD, SHELLY Name: SHEPPARD, SHELLY Name: 21228 HARBOR WAY #252 10034 W MCNAB ROAD Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: (X) Change () Addition

FELDMAN, JEFF FELDMAN, JEFF Name: Name: 21399 MARINA COVE CIR #L14 10034 W MCNAB ROAD Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: () Change (X) Addition

AVRACH, SHARON Name: Name: Address: Address: 10034 W MCNAB ROAD TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA ROGERS Ρ 02/26/2009