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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12867 (0)

1. Corporation Name

LA MIRAGE OF HARBOR VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6289 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313

6289 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313-6154

3. Date Incorporated or Qualified
01/06/1986

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 40 Summit Parkway, Miami
Suite, Apt. #, etc.
P.O. Box 1890B

26 40 Summit Parkway, Miami
Suite, Apt. #, etc.
P.O. Box 1890B

4. FEI Number

59-2434491

Applied For

Not Applicable

22 City & State

27 City & State

23 PLANTATION, FLA

28 PLANTATION, FLA

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 33313

25 USA

29 33313

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MANAGEMENT
6289 W. SUNRISE BLVD., SUITE 202
SUITE 202
SUNRISE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7450 W. SUNRISE BLVD

83

C-100

84 City

PLANTATION

FL

85 Zip Code

33313

11. 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.

SIGNATURE *Gail H. Sangunett*

Gail H. Sangunett, V.P. - Administration

2/7/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROSE, MIKE
STREET ADDRESS 21140 JIB CT, #L-14
CITY-ST-ZIP N MIAMI BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME JOHNSON, RAY
STREET ADDRESS 21190 MAINSAIL CIRCLE, A-18
CITY-ST-ZIP N MIAMI BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME MARS, BEVERLY
STREET ADDRESS 21160 MAINSAIL #H-11
CITY-ST-ZIP N MIAMI BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME FRANKLE, GERARD
STREET ADDRESS 21120 TOB CT #K-11
CITY-ST-ZIP N MIAMI BCH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D. GEORGE ALLEN
3180 MAINSAIL CR B-13
P.O. MIAMI BEACH, FLA 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Beverly Mars* 2-1997 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034790

CR2E037 (9/96)