

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N12867 (0)

LA MIRAGE OF HARBOR VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business SUMMIT PROPERTY MGT United P.O. BOX 183013 PLANTATION FL 33318 US		Mailing Address SUMMIT PROPERTY MGT P.O. BOX 183013 PLANTATION FL 33318 US		3. Date Incorporated or Qualified 01/06/1986
2. Principal Place of Business 21 United Comm. Mgmt. Suite, Apt. #, etc.		2a. Mailing Address 26 United Comm. Mgmt. Suite, Apt. #, etc.		4. FEI Number 59-2434491
22 3300 University Dr. #405 City & State		27 3300 University Dr. #405 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Coral Springs FL Zip Country		28 Coral Springs FL Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33005 25 USA		29 33005 30 USA		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent SUMMIT PROPERTY MANAGEMENT 4450 W SUNRISE BLVD G-100 PLANTATION FL 33313				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent				

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: <i>United Community Mgmt Corp</i>		DATE: 4/21/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, MIKE	1.2 NAME	
STREET ADDRESS	21140 JIB CT, #L-14	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RAY	2.2 NAME	
STREET ADDRESS	21190 MAINSAIL CIRCLE, A-18	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARS, BEVERLY	3.2 NAME	
STREET ADDRESS	21160 MAINSAIL #H-11	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLE, GERARD	4.2 NAME	
STREET ADDRESS	21120 TOB CT #K-11	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, GEORGE	5.2 NAME	
STREET ADDRESS	21180 MAINSAIL CIR B-13	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 checked, or on an attachment with an address.

SIGNATURE: *Benjamin Mars* Date: 2-12-98 Daytime Phone #: 0037074

CR2E037 (10/97)