

NONPROFIT CORPORATION ANNUAL REPORT



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

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

06-13-2000 90053 010 ****61.25

DOCUMENT # N 12867
 A MIRAGE OF Harbor Village
 Condominium Association, Inc

Principal Place of Business: 10034 W McNab Rd, Tamarac, FL 33321
 Mailing Address: Consolidated Mgt, 10034 W McNab Rd, Tamarac, FL 33321



1. Principal Place of Business 10034 W McNab Rd	2a. Mailing Address 26 Consolidated Mgt 10034 W McNab Rd Tamarac, FL 33321	3. Date Incorporated or Qualified 1986
2b. Suite, Apt. #, etc. 27	4. FEI Number 59-2434491	Applied For Not Applicable
5. City & State TAMARAC FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Country 33321	7. Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent UNITED Community Mgt 3300 University Dr # 405 Coral Springs, FL 33065	10. Name and Address of New Registered Agent 81 Name Consolidated Community Mgt 82 Street Address (P.O. Box Number is Not Acceptable) 10034 West McNab Road 83 84 City TAMARAC FL 85 Zip Code 33321
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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: James Miles (with signature) Date: 4-10-2000

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	Beverly Mars 21160 Mainsail Circle N. Miami Beach, FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	Mike Rose 21140 Jib Ct L-14 N. Miami Beach, FL	1.2 NAME	
D	Gerard Frankle 21160 Mainsail Circle N. Miami Beach, FL K-11	1.3 STREET ADDRESS	
SD	ARLENE GOTLIEB 21160 Mainsail Circle Aventura, FL 33180	1.4 CITY-ST-ZIP	
D	Carleen Rosado 21160 Mainsail Circle Aventura, FL 33180	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		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)(l), 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: SIGNATURE REQUIRED: Beverly Mars 4-12-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037 (11/98)