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**Feb 10 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 # 754302 (8)
1. Corporation Name
HARDING VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6965 HARDING AVENUE MIAMI BEACH FL 33141

3. Date Incorporated or Qualified **09/23/1980** 3a. Date of Last Report **04/24/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2385024	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DANIELS, B.J. ESQ.
300 71ST ST., SUITE 625
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	IVENS, M.	
STREET ADDRESS	6965 HARDING AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, SERAFIN	
STREET ADDRESS	6965 HARDING AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	WYNNYCKY, GEORGE	
STREET ADDRESS	6965 HARDING AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IVENS, M.	
1.3 STREET ADDRESS	6965 HARDING AVE	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STUART, VICTOR	
3.3 STREET ADDRESS	6965 HARDING AVE	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
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		

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **M. R. IVENS** **2/4/97** **(305)864-0014**

CR2E037 (9/96)