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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 754302

1. Corporation Name

HARDING VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

6965 HARDING AVENUE
MIAMI BEACH FL 33141

Mailing Address

6965 HARDING AVENUE
MIAMI BEACH FL 33141

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/23/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2385024

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, B.J. ESQ.
300 71ST ST., SUITE 625
MIAMI BEACH FL 33141

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

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 DELETE
NAME ALVAREZ, LUIS
STREET ADDRESS 6965 HARDING AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33141

1.1 TITLE P Change Addition
1.2 NAME SANCHEZ, SERAFIN
1.3 STREET ADDRESS 6965 HARDING AVE
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE VPD DELETE
NAME MELENDEZ, ROBERTO
STREET ADDRESS 6965 HARDING AVE
CITY-ST-ZIP MIAMI BCH FL 33141

2.1 TITLE V Change Addition
2.2 NAME MELENDEZ, ROBERTO
2.3 STREET ADDRESS 6965 HARDING AVE
2.4 CITY-ST-ZIP MIAMI BCH, FL 33141

TITLE SD DELETE
NAME ALVAREZ, CATALINA
STREET ADDRESS 6965 HARDING AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

3.1 TITLE S Change Addition
3.2 NAME OLAVARRIA, MARIA
3.3 STREET ADDRESS 6965 HARDING AVE
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE TD DELETE
NAME STUART, VICTOR
STREET ADDRESS 6965 HARDING AVE
CITY-ST-ZIP MIAMI BCH FL 33141

4.1 TITLE T Change Addition
4.2 NAME STUART, VICTOR
4.3 STREET ADDRESS 6965 HARDING AVE
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED VICTOR STUART JAN 8, 99 305-866-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)