

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90307 008 \*\*\*\*61.25

**DOCUMENT # 754302**

1. Entity 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

3. Mailing Address *cto*

**PRO PROPERTY MGMT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2176 W. OAKLAND PARK BLVD**

City & State

City & State

**FT. LAUDERDALE, FL**

Zip

Country

Zip

**33311**

Country

**USA**

4. FEI Number

**59-2385024**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**PRO PROPERTY MGMT**

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

**2176 W. OAKLAND PARK BLVD**

City

**FT. LAUDERDALE**

FL

Zip Code

**33311**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

**2/9/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANCHEZ, SERAFIN</b>	
STREET ADDRESS	<b>6965 HARDING AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MELENDEZ, ROBERTO</b>	
STREET ADDRESS	<b>6965 HARDING AVE</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33141</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PADRON, MAYA</b>	
STREET ADDRESS	<b>6965 HARDING AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PADRON, MAYA</b>	
STREET ADDRESS	<b>6965 HARDING AVE</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CANFIELD, CAROL-JEAN</b>	
STREET ADDRESS	<b>3028 BIRKDALE</b>	
CITY-ST-ZIP	<b>Weston, FL 33332</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6965 HARDING AVE # 401</b>	
CITY-ST-ZIP		
TITLE	<b>TS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALTMAN, LUZ</b>	
STREET ADDRESS	<b>6965 HARDING AVE # 301</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALVAREZ, LUIS</b>	
STREET ADDRESS	<b>6965 HARDING AVE # 503</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STUART, VICTOR</b>	
STREET ADDRESS	<b>6965 HARDING AVE # 501</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IVENS, MARGUND</b>	
STREET ADDRESS	<b>6965 HARDING AVE # 505</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/9/01**

CR2E037 (10/00)

ADDITIONS TO DOCUMENT # 754302 <sup>attachment #</sup>  
2001 UNIFORM BUSINESS REPORT 754302  
HARDING VILLAS CONDOMINIUM ASSOCIATION, INC.  
FEI NUMBER: 59-2385024

ADDITIONS TO DIRECTORS  
BLOCK 11 CONTINUED

D

~~MONTANO, ROBERTO  
6965 HARDING AVE #505  
MIAMI BEACH, FL 33141~~

D

HEIBLUM, PHILIP  
6965 HARDING AVE #404  
MIAMI BEACH, FL 33141

D

KOSOBUCK, HILDA  
6965 HARDING AVE #304  
MIAMI BEACH, FL 33141