


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90033 039 ****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
% PRO PROPERTY MGMT
2176 W OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33311

74035372



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
7601 East Treasure Dr C#9
Suite, Apt. #, etc.
City & State
MIAMI BEACH FL
Zip Country
33141 USA

03012004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2385024

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALTMAN, LUZ 6965 HARDING AVENUE MIAMI BEACH, FL 33141		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSOBUCKI, HILDA 6965 HARDING AVENUE #304 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIEGA, JOAQUIN 6965 HARDING AVE # 503 MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELENDEZ, ROBERTO 6965 HARDING AVENUE # 401 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOCARRAS, MAITE 6965 HARDING AVE # 401 MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ALTMAN, LUZ 6965 HARDING AVENUE # 301 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, ZURAY 6965 HARDING AVE # 201 MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, NELSON 6965 HARDING AVENUE # 305 MIAMI BEACH, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KO KOSOBUCKI, GITLA 6965 HARDING AVE # 304 MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUART, VICTOR 6965 HARDING AVENUE # 501 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORGETTA, MABEL 6965 HARDING AVE # 403 MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENA, ENEIDA 6965 HARDING AVENUE # 303 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONDANYO, CARMEN 6965 HARDING AVE # 203 MIAMI BEACH, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Eneida Mena* Date: 3/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR