
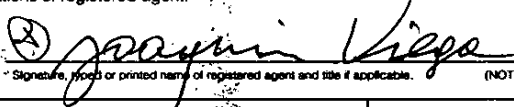



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 020 ****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 7601 EAST TREASURE DR CU # 9 MIAMI BEACH, FL 33141			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2385024	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOCARRAS, MAITE 6965 HARDING AVENUE # 401 MIAMI BEACH, FL 33141			Name JOAQUIN VIEGA		
			Street Address (P.O. Box Number is Not Acceptable) 6965 HARDING AVE #503		
			City MIAMI BEACH		
			FL Zip Code 33141		
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: 2-9-06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOSOBUCKI, HILDA		NAME		
STREET ADDRESS	6965 HARDING AVENUE #304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIEGA, JOAQUIN		NAME	JARAMILLO, LUZ	
STREET ADDRESS	6965 HARDING AVE # 503		STREET ADDRESS	6965 HARDING AVE #	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CALIXTO		NAME	MENA, OLALIO	
STREET ADDRESS	6965 HARDING AVE # 501		STREET ADDRESS	6965 HARDING AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOCARRAS, MAITE		NAME	GEORGETTA, MABEL	
STREET ADDRESS	6965 HARDING AVE # 401		STREET ADDRESS	6965 HARDING AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33144		CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ZURAY		NAME	MONTANO, CAMMEN	
STREET ADDRESS	6965 HARDING AVE # 201		STREET ADDRESS	6965 HARDING AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIOLA, RAUL		NAME	GARCIA, CALIXTO	
STREET ADDRESS	6965 HARDING AVE # 202		STREET ADDRESS	6965 HARDING AVE # 501	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH FL 33141	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				DATE: 2-9-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	