
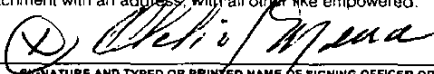
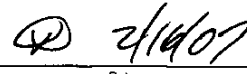


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90056 048 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2385024			
Zip	Country	Zip	Country	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				
VIEGA, JOAQUIN 6965 HARDING AVENUE # 503 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOSBUCKI, HILDA			NAME			
STREET ADDRESS	6965 HARDING AVENUE #304			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JARMMIJO, LUZ			NAME			
STREET ADDRESS	6965 HARDING AVE # 301			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENA, OLALIO			NAME			
STREET ADDRESS	6965 HARDING AVE # 303			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIORGETTA, MABEL			NAME	SECRETARY GIORGETTA, MABEL		
STREET ADDRESS	6965 HARDING AVE # 403			STREET ADDRESS	6965 HARDING AVE 403		
CITY-ST-ZIP	MIAMI BEACH, FL 33144			CITY-ST-ZIP	MIAMI BEACH FL 33141		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MONTANO, LARMEN			NAME	PRESIDENT VIEGA, JOAQUIN		
STREET ADDRESS	6965 HARDING AVE			STREET ADDRESS	6965 HARDING AVE 503		
CITY-ST-ZIP	MIAMI BEACH, FL 33141			CITY-ST-ZIP	MIAMI BEACH FL 33141		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARCIA, CALIXTO			NAME	DIRECTOR. REGO, ERNESTO		
STREET ADDRESS	6965 HARDING AVE			STREET ADDRESS	2031 SW 106th CT		
CITY-ST-ZIP	MIAMI BEACH, FL 33141			CITY-ST-ZIP	MIAMI FL 33165		
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: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			
				<small>Daytime Phone #</small>			