

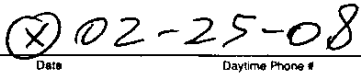


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90012 037 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-2385024	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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, 2008		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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARMMIUO, LUZ		NAME		
STREET ADDRESS	6965 HARDING AVE SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENA, OLALIO		NAME	MENA, OLALIO	
STREET ADDRESS	6965 HARDING AVE SUITE 303		STREET ADDRESS	6965 HARDING AVE SUITE 303	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORGETTA, MABEL		NAME		
STREET ADDRESS	6965 HARDING AVE SUITE 403		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33144		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIORGETTA, MABEL		NAME	VIEGA, JOAQUIN	
STREET ADDRESS	6965 HARDING AVE SUITE 403		STREET ADDRESS	6965 HARDING AVE SUITE 503	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTY, REGO		NAME		
STREET ADDRESS	2031 SW 106TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CAIOLA, MARILYN	
STREET ADDRESS			STREET ADDRESS	6965 HARDING AVE SUITE 305	
CITY-ST-ZIP			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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		