

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712379 (7)

1. Corporation Name

HARDING HALL CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

670 WOODS MANAGEMENT
2740 WEST 5TH AVENUE
HIALEAH FL 33010

C/O WOODS MANAGEMENT
2740 WEST 5TH AVENUE
HIALEAH FL 33010

3. Date Incorporated or Qualified
03/08/1967

3a. Date of Last Report
02/03/1995

21 2. Principal Place of Business
Summit Prop. Mgmt.

2a. Mailing Address
Po Box 189013

4. FEI Number
59-1200336

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Po Box 189013

Suite, Apt. #, etc.

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

23 City & State
Plantation FL

27 City & State
Plantation FL

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

24 Zip
33318

25 Country
USA

29 Zip
33318

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SCHENK, HAROLD~~
~~WOODS MANAGEMENT~~
2740 WEST 5TH AVENUE
HIALEAH 33010

81 Name
Summit Property Mgmt.
82 Street Address (P.O. Box Number is Not Acceptable)
6289 W. Sunrise Blvd
83 # 202
84 City
Sunrise FL 85 Zip Code
33318

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINGARTNER, HENRY	
STREET ADDRESS	8233 HARDING AVE #707	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PASCUAL, SYLVIA	
STREET ADDRESS	8233 HARDING AVE, #408	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARIA E	
STREET ADDRESS	8233 HARDING AVE, #303	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ-LEIVA, MANUEL	
STREET ADDRESS	8233 HARDING AVE, #402	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MAGDALENA	
STREET ADDRESS	8233 HARDING AVE, #501	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALAM, HENRY	
STREET ADDRESS	8233 HARDING AVE, #409	
CITY-ST-ZIP	MIAMI BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Victor Gonzalez
8233 Harding Ave.
Miami Bch, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)