


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

SUMMIT PROP MGMT
PO BX 189013
PLANTATION FL 33318
US

PO BX 189013
2740 WEST 5TH AVENUE
PLANTATION FL 33318
US

3. Date Incorporated or Qualified
03/08/1967

4. FEI Number
59-1200336

Applied For
Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 40 ROBERTS MANAGEMENT 26 40 ROBERTS MANAGEMENT
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 1840 NE 153 STREET 27 1840 NE 153 STREET
City & State City & State

23 NORTH MIAMI BEACH, FL 28 NORTH MIAMI BEACH, FL
Zip Country Zip Country

24 33162 25 USA 29 33162 30

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MGMT.
4450 W SUNRISE BLVD
STE C-100
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name
ROBERTS MANAGEMENT'S REALTY

82 Street Address (P.O. Box Number is Not Acceptable)
1840 NE 153 STREET

83

84 City NORTH MIAMI BEACH FL 85 Zip Code 33162

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 617.0509, Florida Statutes.

SIGNATURE *[Signature]* VP, ROBERTS MANAGEMENT 3/25/98

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	PUNTES, JESUS	
STREET ADDRESS	8233 HARDING AVE 402	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TEITEIRO, MARIA TERESA	
STREET ADDRESS	8233 HARDING AVE 201	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNDSON, BETTY	
STREET ADDRESS	8233 HARDING AVE 404	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ-LEIVA, MANUEL	
STREET ADDRESS	8233 HARDING AVE, #402	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLEAU, BERNARD	
STREET ADDRESS	8233 HARDING AVE 601	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARLOS REQUEIRO	
3.3 STREET ADDRESS	8233 HARDING AVE #209	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACQUELINE SILVA	
4.3 STREET ADDRESS	8233 HARDING AVE #608	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIRLAN SAAD	
5.3 STREET ADDRESS	8233 HARDING AVE #403	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRANCISCO RODRIGUEZ	
6.3 STREET ADDRESS	8233 HARDING AVE #705	
6.4 CITY-ST-ZIP	MIAMI BEACH, FL	

14. 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 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 of an attachment with an address.

SIGNATURE: *[Signature]* CARLOS REQUEIRO 4/20/98 (305) 947-3999

CR2E037 (10/97)