

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90069 011 ****61.25

DOCUMENT # 712379

1. Entity Name
HARDING HALL CONDOMINIUM, INC.



Principal Place of Business % PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI FL 33155 US	Mailing Address % PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI FL 33155 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1200336	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**PROPERTY MANAGEMENT SERVICES CORPORATION
8299 CORAL WAY
MIAMI FL 33155**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ-CARVAJAL, GABRIEL 8233 HARDING AVE., APT. 303 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, MARIA E 8233 HARDING AVE., APT. 503 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDBERG, ANDREW 8233 HARDING AVE., APT. 409 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAMZARDIYA, LEON 8233 HARDING AVE., APT. 708 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELJERO, MARIA T 8233 HARDING AVE., APT. 201 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANDROVE, EULALIA 8233 HARDING AVE., APT. 504 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMZARDIYA, LEON 8233 HARDING AVE, APT 708 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ-CARVAJAL, GABRIEL 8233 HARDING AVE, APT 303 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVA, JACQUELINE 8233 HARDING AVE, APT 608 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDBERG, ANDREW 8233 HARDING AVE, APT 409 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Leon Gamzardiya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 305-264-4250
Date Daytime Phone #

CR2E037 (10/02)