

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:55

DOCUMENT # 712379 (7)  
1. Corporation Name  
HARDING HALL CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
C/O WOODS MANAGEMENT 2740 WEST 5TH AVENUE  
HIALEAH FL 33010 HIALEAH FL 33010

3. Date Incorporated or Qualified 03/08/1967 3a. Date of Last Report 03/03/1994  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
SCHENK, HAROLD  
WOODS MANAGEMENT  
2740 WEST 5TH AVENUE  
HIALEAH 33010

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NO	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINGARTNER, HENRY	1.2 NAME	BLEAU, BERNARD
STREET ADDRESS	8233 HARDING AVE #707	1.3 STREET ADDRESS	8233 HARDING AVE, #407
CITY-ST-ZIP	MIAMI BEACH, FL 00000	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, SYLVIA	2.2 NAME	
STREET ADDRESS	8233 HARDING AVE, #408	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA E	3.2 NAME	
STREET ADDRESS	8233 HARDING AVE, #303	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-LEIVA, MANUEL	4.2 NAME	
STREET ADDRESS	8233 HARDING AVE, #402	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MAGDALENA	5.2 NAME	MAGDALENA RODRIGUEZ
STREET ADDRESS	8233 HARDING AVE, #501	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALAM, HENRY	6.2 NAME	
STREET ADDRESS	8233 HARDING AVE, #409	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL	6.4 CITY-ST-ZIP	

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Magdalena Rodriguez* 1/25/95 447-5595  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR