

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **712379** (7)

1. Corporation Name

HARDING HALL CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

**G/O WOODS MANAGEMENT--
2740 WEST 5TH AVENUE
HIALEAH FL 33010**

**G/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

2. Principal Place of Business

2a. Mailing Address

21 **Summit Prop. Mgmt.**

26 **P.O. Box 189013**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 189013**

27

City & State

City & State

23 **Hialeah FL**

28 **Hialeah FL**

Zip

Country

Zip

Country

24 **33318**

25 **USA**

29 **33318**

30 **USA**

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**

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

Fort 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 ☐ DELETE

NAME **D WEINGARTNER, HENRY**
STREET ADDRESS **8233 HARDING AVE #707**
CITY-ST-ZIP **MIAMI BEACH, FL 00000**

TITLE ☐ DELETE

NAME **STD PASCUAL, SYLVIA**
STREET ADDRESS **8233 HARDING AVE, #408**
CITY-ST-ZIP **MIAMI BEACH, FL 00000**

TITLE ☐ DELETE

NAME **VD RODRIGUEZ, MARIA E**
STREET ADDRESS **8233 HARDING AVE, #303**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **D PEREZ-LEIVA, MANUEL**
STREET ADDRESS **8233 HARDING AVE, #402**
CITY-ST-ZIP **MIAMI BEACH, FL 00000**

TITLE ☐ DELETE

NAME **P RODRIGUEZ, MAGDALENA**
STREET ADDRESS **8233 HARDING AVE, #501**
CITY-ST-ZIP **MIAMI BCH. FL**

TITLE ☐ DELETE

NAME **D 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 ☒ Change ☐ Addition

1.2 NAME **Nickel Gonzalez**
1.3 STREET ADDRESS **8233 Harding Ave.**
1.4 CITY-ST-ZIP **Miami Bch, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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)