

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USPO BX 189013
2740 WEST 5TH AVENUE
PLANTATION FL 33318-9013
US3. Date Incorporated or Qualified
03/08/19673a. Date of Last Report
04/30/1996

4. FEI Number

59-1200336

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MGMT.

~~6200 W. SUNRISE BLVD.~~~~202~~

SUNRISE FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4450 W. Sunrise Blvd.

83

Suite C-100

84

Plantation

FL

85 Zip Code

33313

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

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

Gail H. Sangunett, V.P. - Administration

2/14/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME WEINGARTNER, HENRY
STREET ADDRESS 8233 HARDING AVE #707
CITY-ST-ZIP MIAMI BEACH, FL 00000TITLE STD ☒ DELETE
NAME PASCUAL, SYLVIA
STREET ADDRESS 8233 HARDING AVE, #408
CITY-ST-ZIP MIAMI BEACH, FL 00000TITLE VD ☒ DELETE
NAME RODRIGUEZ, MARIA E
STREET ADDRESS 8233 HARDING AVE, #303
CITY-ST-ZIP MIAMI BEACH FLTITLE D ☐ DELETE
NAME PEREZ-LEIVA, MANUEL
STREET ADDRESS 8233 HARDING AVE, #402
CITY-ST-ZIP MIAMI BEACH, FL 00000TITLE P ☒ DELETE
NAME RODRIGUEZ, MAGDALENA
STREET ADDRESS 8233 HARDING AVE, #501
CITY-ST-ZIP MIAMI BCH. FLTITLE D ☐ DELETE
NAME HALAM, HENRY
STREET ADDRESS 8233 HARDING AVE, #409
CITY-ST-ZIP MIAMI BCH. FL1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Puentes, Jesus
1.3 STREET ADDRESS 8233 Harding Ave #402
1.4 CITY-ST-ZIP Miami Bch, FL 331412.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME Teiteiro, Maria Teresa
2.3 STREET ADDRESS 8233 Harding Ave #201
2.4 CITY-ST-ZIP Miami Bch, FL 331413.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Gundersen, Betty
3.3 STREET ADDRESS 8233 Harding Ave, #404
3.4 CITY-ST-ZIP Miami Bch, FL 331414.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE President ☒ Change ☐ Addition
6.2 NAME Bernard Bleau
6.3 STREET ADDRESS 8233 Harding Ave #601
6.4 CITY-ST-ZIP Miami Beach FL 33141

14. I do 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 on an attachment with an address.

SIGNATURE: *Bernard Bleau* BERNARD BLEAU

(954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036764

CR2E037 (9/96)