


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712379** (7)  
1. Corporation Name  
**HARDING HALL CONDOMINIUM, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
SUMMIT PROP MGMT PO BX 189013 PLANTATION FL 33318 US		PO BX 189013 2740 WEST 5TH AVENUE PLANTATION FL 33318 US		03/08/1967	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 <b>40 ROBERTS MANAGEMENT</b> Suite, Apt. #, etc. 22 <b>1840 NE 153 STREET</b> City & State 23 <b>NORTH MIAMI BEACH, FL</b> Zip 24 <b>33162</b> Country 25 <b>USA</b>		26 <b>40 ROBERTS MANAGEMENT</b> Suite, Apt. #, etc. 27 <b>1840 NE 153 STREET</b> City & State 28 <b>NORTH MIAMI BEACH, FL</b> Zip 29 <b>33162</b> Country 30		59-1200336 Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SUMMIT PROPERTY MGMT. 4450 W SUNRISE BLVD STE C-100 PLANTATION FL 33313		81 Name <b>ROBERTS MANAGEMENT &amp; REALTY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1840 NE 153 STREET</b> 83 84 City <b>NORTH MIAMI BEACH</b> FL 85 Zip Code <b>33162</b>	

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]* **JP, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SD
NAME	PUNTES, JESUS	1.2 NAME	
STREET ADDRESS	8233 HARDING AVE 402	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	D
NAME	TEITEIRO, MARIA TERESA	2.2 NAME	
STREET ADDRESS	8233 HARDING AVE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	PD
NAME	BUNDSON, BETTY	3.2 NAME	CARLOS REQUEIRO
STREET ADDRESS	8233 HARDING AVE 404	3.3 STREET ADDRESS	8233 HARDING AVE #209
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D	4.1 TITLE	D
NAME	PEREZ-LEIVA, MANUEL	4.2 NAME	JACQUELINE SILVA
STREET ADDRESS	8233 HARDING AVE, #402	4.3 STREET ADDRESS	8233 HARDING AVE #608
CITY-ST-ZIP	MIAMI BEACH, FL 00000	4.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	P	5.1 TITLE	TD
NAME	BLEAU, BERNARD	5.2 NAME	MIRLAN SAAD
STREET ADDRESS	8233 HARDING AVE 601	5.3 STREET ADDRESS	8233 HARDING AVE #403
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D	6.1 TITLE	VD
NAME	HALAM, HENRY	6.2 NAME	FRANCISCO RODRIGUEZ
STREET ADDRESS	8233 HARDING AVE, #409	6.3 STREET ADDRESS	8233 HARDING AVE #705
CITY-ST-ZIP	MIAMI BCH. FL	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)