

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90083 048 ****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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1200336

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROPERTY MANAGEMENT SERVICES CORPORATION
8299 CORAL WAY
MIAMI, FL 33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 PD ☐ Delete
NAME GAMZARDIYA, LEON
STREET ADDRESS 8233 HARDING AVE, APT 708
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GONZALEZ-CARVAJAL, GABRIEL
STREET ADDRESS 8233 HARDING AVE, APT 303
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SILVA, JACQUELINE
STREET ADDRESS 8233 HARDING AVE, APT 608
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TEIJEIRO, MARIA T
STREET ADDRESS 8233 HARDING AVE., APT. 201
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME LINDBERG, ANDREW
STREET ADDRESS 8233 HARDING AVE, APT 409
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Jacqueline Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
Date

305-264-4200
Daytime Phone #