## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 29, 2008 8:00 am Secretary of State

DOCUMENT # 754302  1. Entity Name HARDING VILLAS CONDOMINIUM ASSOCIATION, INC.					02-29-2008 90012 037 ****61.25
Principal Plac 6965 HARDII MIAMI BEACH	NG AVENUE	Mailing Address 7601 EAST TREASURE DR CU # 9 MIAMI BEACH, FL 33141			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02212008 Chg-NP CR2E037 (12/06)
City & State		City & State			4. FEI Number
Zip	Country	Zip <sub>25</sub> -	Zip ; Cour		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
VIEGA, JOAQUIN 6965 HARDING AVENUE				Name  Street Address (P.O. Box Number is Not Acceptable)	
# 503 MIAMI BEACH, FL 33141					
			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, Need 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, 2008  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Department of State					
10.	OFFICERS AND DIE	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JARMMIUO, LUZ 6965 HARDING AVE SUITE 301 MIAMI BEACH, FL 33141	☐ Delete	1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENA, OLALIO 6965 HARDING AVE SUITE 303 MIAMI BEACH, FL 33141	☐ Delete		ET ADDRESS 64	RETARY  ENA, OLALIO  CS HARDING AVE SUITE 303  HAMI BEACH FL 33141
NAME STREET ADDRESS	D GIORGETTA, MABEL 6965 HARDING AVE SUITE 403	□ Celete		ET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MIAMI BEACH, FL 33144  S GIORGETTA, MABEL 6965 HARDING AVE SUITE 403 MIAMI BEACH, FL 33141	Delete	TITLE NAMI STRE	E VÍ	BORNT  EGA, SOAQUIN Change MAddition  165 HARDING AVE SUITE 503  HAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNESTY, REGO 2031 SW 106TH CT MIAMI, FL 33165	☐ Delete		E ET ADDRESS -ST-ZIP TIL	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete			10LA, MARILYN . Change Addition 165 HAROING AVE SUITE 305  11AMI BEACH FL 33141
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR