


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

check # 3169
FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 754536	
1. Entity Name HARDING GARDENS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6920 HARDING AVE. MIAMI BEACH, FL 33141	Mailing Address 6920 HARDING AVE. MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2373472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIMA, HILDA
6920 HARDING AVE. #307
MIAMI BEACH, FL 33141

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICENTE, M 6920 HARDING AVE, APT 403 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIMA, HILDA 6920 HARDING AVENUE APT 307 MIAMI BCH., FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAL, EDUARDA 6920 HARDING AVENUE APT 507 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIXOTO, EDMUNDO J 6920 HARDING AVE., #201 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHE, CHARLES 6920 HARDING AVENUE APT 306 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, MABEL 6920 HARDING AVE APT 401 MIAMI BEACH, FL 33144

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U00000629473
02/19/07-80002-012 61.25

12. I hereby 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: Hilda Lima (Treasurer of the Board) 02/05/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #