


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90011 007 \*\*\*\*70.00

**DOCUMENT # N02000002739**

1. Entity Name  
**HARDING VILLAGE, INC.**




Principal Place of Business  
**155 S MIAMI AVE  
 SUITE 1150  
 MIAMI, FL 33131**

Mailing Address  
**155 S MIAMI AVE  
 SUITE 1150  
 MIAMI, FL 33131**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**75-3046656** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARCUS, MARIA P  
 155 S NUANU AVE  
 SUITE 1150  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **MARIA PELLERIN BARCUS**

Street Address (P.O. Box Number is Not Acceptable)  
**155 SOUTH MIAMI AVE - STE 1150**

City **MIAMI** FL Zip Code **33131**

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 *Maria Pellerin Barcus* **MARIA PELLERIN BARCUS** **01-20-04**  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, J E	
STREET ADDRESS	1773 NW 79 AVE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, FRED	
STREET ADDRESS	1 ALHAMBRA PLAZA	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASALE, FRANKLYN	
STREET ADDRESS	16400 NW 32 AVE	
CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PELLERIN, MARIA	
STREET ADDRESS	200 SE 1 AVE SUITE 704	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL ED	
STREET ADDRESS	717 VIA VERONA	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA TERE	
STREET ADDRESS	2601 S. BAYSHORE DR 10th Floor	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUICK LINDA S.	
STREET ADDRESS	6363 TAFT St. Suite 200	
CITY-ST-ZIP	Hollywood FL 33024	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNER STEPHEN	
STREET ADDRESS	1101 BRICKELL AVE. Ste 1402	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria Pellerin Barcus* **MARIA PELLERIN BARCUS** **01-20-04** **305-371-8300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #