
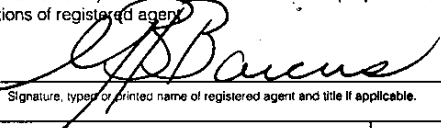



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90127 001 \*\*\*\*70.00

<b>DOCUMENT # N02000002739</b> 1. Entity Name <b>HARDING VILLAGE, INC.</b>					
Principal Place of Business <b>155 S MIAMI AVE SUITE 1150 MIAMI, FL 33131</b>			Mailing Address <b>155 S MIAMI AVE SUITE 1150 MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>75-3046656</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BARCUS, MARIA P</b> <b>155 S NUANU AVE., STE 1150</b> {SPELLING ERROR <b>MIAMI, FL 33131</b>			Name <b>BARCUS, MARIA P</b> Street Address (P.O. Box Number is Not Acceptable) <b>155 SOUTH MIAMI, SUITE 1150</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4/25/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELL, ED</b> <b>717 VIA VERONA</b> <b>DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARCUS, MARIA P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>155 SOUTH MIAMI AVE</b> <b>SUITE 1150</b> <b>MIAMI, FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>TERE, GARCIA</b> <b>2601 S. BAYSHORE DR 10TH FLOOR</b> <b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CASALE, FRANKLYN</b> <b>16400 NW 32 AVE</b> <b>MIAMI, FL 33054</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>QUICK, LINDA S</b> <b>6363 TAFT ST. SUITE 200</b> <b>HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STEPHEN, DANNER</b> <b>1101 BRICKELL AVE. STE 1402</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/25/05</b> Daytime Phone # <b>305 371 8300</b>		