


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90048 049 ****61.25

DOCUMENT # N02000002739			
1. Entity Name HARDING VILLAGE, INC.			
Principal Place of Business 455 S MIAMI AVE SUITE 850 MIAMI, FL 33131		Mailing Address 155 S MIAMI AVE SUITE 850 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt. #, etc. 500		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. 500	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33145		Zip 33145	
Country		Country	
4. FEI Number 75-3046656		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 BERMAN, STEPHANIE 155 S MIAMI AVE., STE 850 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name CAREFOR SUPPORTIVE HOUSING, INC. Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, SUITE 500 City MIAMI FL Zip Code 33145	
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: <u><i>Stephanie Berman</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: 4/7/08			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VC MESSER, JOHN 801 BRICKELL AVENUE, SUITE 2450 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON JOHN MESSER 801 BRICKELL AVENUE, SUITE 2450 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TERE, GARCIA 2601 S. BAYSHORE DR 10TH FLOOR MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TERE GARCIA 2601 S. BAYSHORE DR. 10TH FLOOR MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASALE, FRANKLYN 16400 NW 32 AVE MIAMI, FL 33054 <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	D QUICK, LINDA S 6363 TAFT ST. SUITE 200 HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR MAN OJEDA 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHEN, DANNER 1200 BRICKELL AVE. STE 700 MIAMI, FL 33131 <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	P BERMAN, STEPHANIE 155 SOUTH MIAMI AVE, STE 850 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145
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 another like empowered. SIGNATURE: <u><i>Stephanie Berman</i></u> DATE: 4/7/08 Daytime Phone # _____			