


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006418	
1. Entity Name HARBIE CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 10200 NW 25TH STREET 200 MIAMI, FL 33172	Mailing Address 10200 NW 25TH STREET 200 MIAMI, FL 33172
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04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0519224	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 SUAREZ, RODOLFO J 10200 NW 25TH STREET 200 MIAMI, FL 33172
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE


Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANON, JESUS 10200 NW 25TH STREET, #200 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARVALHO, MARCIO E 10200 NW 25TH STREET, #200 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELJAU, JACOB 10200 NW 25TH STREET, #200 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, RODOLFO J 10200 NW 25TH STREET, #200 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80004-006 61.25

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IN THIS SPACE**

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:  **RODOLFO J. SUAREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **4/19/06 (305) 718-4400**
Date Daytime Phone #