

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90146 032 ****61.25

DOCUMENT # N97000006418 1. Entity Name HARBIE CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10200 NW 25TH STREET DORAL, FL 33172		Mailing Address 396 ALHAMBRA CIRCLE SUITE 230 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 22855	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		miami FL	
Zip	Country	33222	USA
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 UNIT 207 DORAL, FL 33172		7. Name and Address of New Registered Agent Name MP Property Management Street Address (P.O. Box Number is Not Acceptable) 8390 NW 53 St # 313 City Doral FL Zip Code 33146	
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		DATE 4/9/08	
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANON, JESUS 10200 NW 25TH STREET, #A-100 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAUL, SABBAG 10200 NW 2TH STREET, #116 DORAL, FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Elipua, Jacob 10200 NW 25 ST # A110 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, LUIZ O 10200 NW 25TH STREET, #115 DORAL, FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BOERI, CARLOS 10200 NW 25 ST # A104 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, RODOLFO J 10200 NW 25TH STREET, #207 DORAL, FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, ARMONDO 10200 NW 25TH STREET, #B-201 DORAL, FL 33172	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 4/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	