


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003848

1. Entity Name
HARDING TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**900 WEST 49TH STREET
 HIALEAH, FL 33012 US**

Mailing Address
**900 WEST 49TH STREET
 HIALEAH, FL 33012 US**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0488498

Applied For
 Not Applicable

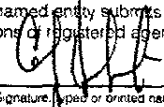
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**DELATORRE, CLEMENTE J.
 900 WEST 49TH STREET SUITE 220
 HIALEAH, FL 33012**

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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:  DATE: **4/19/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANCISCO, JOSE
STREET ADDRESS	6801 HARDING AVE. APT 317
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	TD
NAME	SALMAN, EMILIO
STREET ADDRESS	4530 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD
NAME	BLANCO, JOSE
STREET ADDRESS	6801 HARDING AVENUE UNIT 304
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	D
NAME	FERNANDEZ, LUIS A
STREET ADDRESS	6801 HARDING AVE 317
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VPD
NAME	TORRES, ERNESTO
STREET ADDRESS	6801 HARDING AVENUE, #505
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VSD
NAME	PAREDES, ZENAIDA
STREET ADDRESS	6801 HARDING AVE # 201
CITY-ST-ZIP	MIAMI BEACH, FL 33141

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 05/04/04-80012-007 61.25

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:  DATE: **4/30/04** (305) 821-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR