


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 08:06 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003848</b>					
1. Entity Name <b>HARDING TOWER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>900 WEST 49TH STREET HIALEAH FL 33012 US</b>		Mailing Address <b>900 WEST 49TH STREET HIALEAH FL 33012 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0488498</b> Applied For (Not Applicable)	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DELATORRE, CLEMENTE J. 900 WEST 49TH STREET SUITE 220 HIALEAH FL 33012</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-designing) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FRANCISCO, JOSE		NAME		
STREET ADDRESS	6801 HARDING AVE. APT 317		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33141		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SALMAN, EMILIO		NAME		
STREET ADDRESS	4530 ALTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BLANCO, JOSE		NAME		
STREET ADDRESS	6801 HARDING AVENUE UNIT 304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FERNANDEZ, LUIS A		NAME		
STREET ADDRESS	6801 HARDING AVE 317		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TORRES, ERNESTO		NAME		
STREET ADDRESS	6801 HARDING AVENUE, #505		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PAREDES, ZENAIDA		NAME		
STREET ADDRESS	6801 HARDING AVE # 201		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

U00000491480  
04/19/06-80024-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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