

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003848

FILED
Feb 04, 2009
Secretary of State

Entity Name: HARDING TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6801 HARDING AVENUE
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

900 WEST 49TH STREET
STE 220
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0488498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: CLEMENTE J. DELATORRE

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANCISCO, JOSE
Address: 900 W 49 ST STE. 220
City-St-Zip: HIALEAH, FL 33012

Title: VD () Delete
Name: RAMIREZ, BENNY
Address: 900 W 49 ST. STE. 220
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: SANTANA, MANUEL O
Address: 900 W 49 ST. STE 220
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: PAREDES, ZENAIDA
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: REYES, MARIO
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE FRANCISCO

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date