

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719326** (1)

1. Corporation Name
BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC.



Principal Place of Business: **5300 WASHINGTON ST HOLLYWOOD FL 33021**
Mailing Address: **5300 WASHINGTON ST HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **09/16/1970**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2380656**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, VIOLET F.
5300 WASHINGTON STREET, APT 0-128
HOLLYWOOD FL 33021**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **VIOLET F. SMITH** (Signature, typed or printed name of registered agent and title if applicable)
Violet F. Smith (NOTE: Registered Agent signature required when reinstating)
DATE: **1/17/96**

12. OFFICERS AND DIRECTORS

TITLE: D	S <input type="checkbox"/> DELETE
NAME: SMITH, VIOLET F.	
STREET ADDRESS: 5300 WASHINGTON ST., APT 0-128	
CITY-ST-ZIP: HOLLYWOOD FL	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE
NAME: FERONE, MICHAEL	
STREET ADDRESS: 5300 WASHINGTON ST., APT. 0-327	
CITY-ST-ZIP: HOLLYWOOD FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: CHISENA, GERTRUDE	
STREET ADDRESS: 5300 WASHINGTON ST., APT. 0-129	
CITY-ST-ZIP: HOLLYWOOD FL	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: CONNERS, EDWARD	
STREET ADDRESS: 5300 WASHINGTON ST., APT. 0-324	
CITY-ST-ZIP: HOLLYWOOD FL	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: RAZZANO, ANTHONY	
STREET ADDRESS: 5300 WASHINGTON ST., APT. -232	
CITY-ST-ZIP: HOLLYWOOD FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: 2nd Vice Pres. Joseph SERAFINO	
2.3 STREET ADDRESS: 5300 WASHINGTON ST. APT. P-231	
2.4 CITY-ST-ZIP: Hollywood FL.	
3.1 TITLE: 600001746896	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS: -03/18/96--01041--020	
3.4 CITY-ST-ZIP: ***61.25	
4.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: PRES. ANTHONY RAZZANO	
4.3 STREET ADDRESS: 5300 WASHINGTON ST - APT. P-232	
4.4 CITY-ST-ZIP: Hollywood FL.	
5.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: TREAS. SUSAN ZUCKOR	
5.3 STREET ADDRESS: 5300 WASHINGTON ST. 0-0223	
5.4 CITY-ST-ZIP: Hollywood FL	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Violet F. SMITH** (Signature and typed or printed name of signing officer or director)
Violet F. Smith
DATE: **1/17/96**
Daytime Phone: **961-0736**

CR2E037 (12/95)

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