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Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 719326 (1)
1. Corporation Name
BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC.



Principal Place of Business Mailing Address
5300 WASHINGTON ST HOLLYWOOD FL 33021 5300 WASHINGTON ST HOLLYWOOD FL 33021-7750

3. Date Incorporated or Qualified 09/16/1970 3a. Date of Last Report 03/16/1996
2. Principal Place of Business 21 5300 WASHINGTON ST Suite, Apt. #, etc. 22 0-129 City & State 23 Hollywood, FL Zip 24 33021 Country 25 BROWARD
2a. Mailing Address 26 5300 WASHINGTON ST Suite, Apt. #, etc. 27 0-129 City & State 28 Hollywood, FL Zip 29 33021 Country 30 BROWARD
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
SMITH, VIOLET F.
5300 WASHINGTON STREET, APT 0-128
HOLLYWOOD FL 33021
10. Name and Address of New Registered Agent
81 Name BURBRIDGE, ANNE 0-321
82 Street Address (P.O. Box Number is Not Acceptable) 5300 WASHINGTON ST.
83 HOLLYWOOD
84 City FLORIDA FL 85 Zip Code 33021

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 ANNE BURBRIDGE Anne Burbridge 7/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D <input type="checkbox"/> DELETE	1.1 TITLE PD
NAME SMITH, VIOLET F.	1.2 NAME CHISENA, GERTRUDE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5300 WASHINGTON ST., APT 0-128	1.3 STREET ADDRESS 5300 WASHINGTON ST 0128
CITY-ST-ZIP HOLLYWOOD FL	1.4 CITY-ST-ZIP Hollywood, FL 33021
TITLE 2VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERAFINO, JOSEPH	2.2 NAME SMITH, VIOLET F.
STREET ADDRESS 5300 WASHINGTON ST., APT. P-231	2.3 STREET ADDRESS 5300 WASHINGTON ST 0-128
CITY-ST-ZIP HOLLYWOOD FL	2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021
TITLE VPD <input type="checkbox"/> DELETE	3.1 TITLE 2VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHISENA, GERTRUDE	3.2 NAME BURG, JOCOBE P13
STREET ADDRESS 5300 WASHINGTON ST., APT. 0-129	3.3 STREET ADDRESS 5300 WASHINGTON ST.
CITY-ST-ZIP HOLLYWOOD FL	3.4 CITY-ST-ZIP Hollywood, FL 33021
TITLE PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE ZUCKER, SUSAN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAZZANO, ANTHONY	4.2 NAME
STREET ADDRESS 5300 WASHINGTON ST., APT. P-232	4.3 STREET ADDRESS 5300 WASHINGTON ST
CITY-ST-ZIP HOLLYWOOD FL	4.4 CITY-ST-ZIP HOLLYWOOD, FL 33021
TITLE T <input type="checkbox"/> DELETE	5.1 TITLE DBURBRIDGE, ANNE 0-321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZUCKOR, SUSAN	5.2 NAME
STREET ADDRESS 5300 WASHINGTON ST., APT. 0-0232	5.3 STREET ADDRESS 5300 WASHINGTON ST 0-321
CITY-ST-ZIP HOLLYWOOD FL	5.4 CITY-ST-ZIP HOLLYWOOD, FL 33021
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do 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 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: [Signature] 6/30/97 (954) 917042-0

CR2E037 (9/96)