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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719326

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

Principal Place of Business 5300 WASHINGTON ST 0-29 HOLLYWOOD FL 33021 US	Mailing Address 5300 WASHINGTON ST O-129 HOLLYWOOD FL 33021 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/16/1970
21 Suite, Apt. #, etc. APT# 0-129	26 Suite, Apt. #, etc. APT# 0-129	4. FEI Number 59-2380656
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BURBRIDGE, ANNE
5300 WASHINGTON ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name **ANGELA T. FESTINO**

82 Street Address (P.O. Box Number is Not Acceptable)
5300-WASHINGTON ST. (0-124)

83 **HOLLYWOOD, FLA**

84 City **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 **ANGELA T. FESTINO 2nd VP** DATE _____

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHISENA, GERTEUDEN-	
STREET ADDRESS	5300 WASHINGTON ST 0-129	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, VIOLET F	
STREET ADDRESS	5300 WASHINGTON ST 0-128	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FESTINO, ANGELA T	
STREET ADDRESS	5300 WASHINGTON ST., APT. 0-129	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LAVA, JESUS	<i>out</i>
STREET ADDRESS	5300 WASHIN GTON 0-324	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURBRIDGE, ANNE	<i>out</i>
STREET ADDRESS	5300 WASHINGTON ST APT 0-321	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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	CHISENA, GERTRUDE
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	APT# 0-124
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER ROBERT SEGUIN
4.3 STREET ADDRESS	5300 WASHINGTON STREET
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SECRETARY CABERIA SERAFINO
5.3 STREET ADDRESS	5300 WASHINGTON ST
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
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 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, with all other like empowerments.

SIGNATURE: _____ SIGNATURE RE: **Seraphina** Date: **01/31/99** Daytime Phone #: **94-962-0420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6R2E037 (1/198)