


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90033 048 \*\*\*\*61.25

**DOCUMENT # 719326**  
1. Entity Name  
**BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC.**



Principal Place of Business      Mailing Address  
5300 WASHINGTON ST      5300 WASHINGTON ST  
P-335      P-335  
HOLLYWOOD FL 33021      HOLLYWOOD FL 33021  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2380656**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**CRESS, PAUL**  
**5300 WASHINGTON ST**  
**P-335**  
**HOLLYWOOD FL 33021**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	COPPELO, SUSAN	
STREET ADDRESS	5300 WASHINGTON ST P-138	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FESTINO, ANGELA T	
STREET ADDRESS	5300 WASHINGTON STREET, APT 0-124	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRESS, PAUL	
STREET ADDRESS	5300 WASHINGTON ST P-335	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COBIEN, GERTA	
STREET ADDRESS	5300 WASHINGTON ST P-133	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERT RUDÉ CHESENA.	
STREET ADDRESS	5300 WASHINGTON ST. 0-129	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	2ND V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH MAFFUCCI	
STREET ADDRESS	5300 WASHINGTON ST. P-332	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

**SIGNATURE:** PAUL CRESS - Paul Cress      1/27/04      (954) 961-9862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #