

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 018 ****61.25

DOCUMENT # 719326

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



Principal Place of Business
**5300 WASHINGTON ST
P-335
HOLLYWOOD, FL 33021 US**

Mailing Address
**5300 WASHINGTON ST
P-335
HOLLYWOOD, FL 33021 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2380656

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRESS, PAUL
5300 WASHINGTON ST P-335
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAZZANO, SYLVIA 5300 WASHING ST P-232 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HAZEL, JEAN 5300 WASHINGTON ST, APT 0-234 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRESS, PAUL 5300 WASHINGTON ST P-335 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIERCE, GLORIA 5300 WASHINGTON ST., APT P-140 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1STV MAFFUCCI, JOSEPH 5300 WASHING ST P-332 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FRED BURBRIDGE 5300 WASHINGTON ST. APT 0-321 HOLLYWOOD, FL - 33021

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07
Date

954-961-9862
Daytime Phone #