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95 MAY - 1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 736733 (7)
1. Corporation Name
9400 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
9400 E. BAY HARBOR DRIVE MIAMI BEACH FL 33154
9400 E. BAY HARBOR DRIVE MIAMI BEACH FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1976 3a. Date of Last Report 03/18/1994
4. FEI Number 65-0196143 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 9400 E. Bay Harbor Dr. 28 9400 E. Bay Harbor Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Bay HARBOR ISLANDS, FL 28 Bay Harbor Islands, FL
24 33154 25 Dade 29 33154 30 Dade

9. Name and Address of Current Registered Agent
FRIEDMAN, REVA A
9400 E BAY HARBOR DR
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMANN, REGINA	1.2 NAME	
STREET ADDRESS	9400 E. BAY HARBOR DR, APT 1	1.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUHL, ARCHIE	2.2 NAME	DELETE
STREET ADDRESS	9400 E BAY HARBOR DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, REVA	3.2 NAME	
STREET ADDRESS	9400 E BAY HARBOR DR, APT 5	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE GAUTHIER	4.2 NAME	Secretary
STREET ADDRESS	9400 E. BAY HARBOR DR #2	4.3 STREET ADDRESS	9400 E BAY HARBOR DR, APT 2
CITY - ST - ZIP	BAY HARBOR IS. FLA 33154	4.4 CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	JR 6/28
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Reva Friedman 3/5/95 (305) 866-6575
REVA FRIEDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR