


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90069 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736733**

1. Corporation Name  
**9400 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 9400 E. BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154	Mailing Address 9400 E. BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/01/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0196143
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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
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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 *[Signature]* DATE 2/1/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	EMISON, SPENCER 9400 E. BAY HARBOR DRIVE BAY HARBOR ISLANDS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GAUTHIER, JANE 9400 E BAY HARBOR DR #2 BAY HARBOR IS. FL 33154	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	FRIEDMAN, REVA 9400 E BAY HARBOR DR, APT 5 BAY HARBOR ISLAND FL	3.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	MARANO, DORIS 9400 E BAY HARBOR DR APT 8 BAY HARBOR FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *[Signature]* DATE 2/1/99 DAYTIME PHONE # 305-531-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)