

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90179 030 ****61.25

DOCUMENT # 736733

1. Entity Name
9400 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
9400 E. BAY HARBOR DRIVE **9400 E. BAY HARBOR DRIVE**
BAY HARBOR ISLANDS FL 33154 **BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0196143** Applied For Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name **DORIS MARANO**
 Street Address (P.O. Box Number is Not Acceptable) **9400 E. BAY HARBOR DR**
 City **BAY HARBOR ISLANDS FL** Zip Code **33154**

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.

SIGNATURE *Doris Marano* **DORIS MARANO, TREASURER** **4/8/02**
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 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EMISON, SPENCER 9400 E. BAY HARBOR DRIVE BAY HARBOR ISLANDS FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEO GUERRA 9400 E. BAY HARBOR DR # 7 BAY HARBOR, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAUTHIER, JANE 9400 E BAY HARBOR DR #2 BAY HARBOR IS. FL 33154 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY ERSHLER 4400 E. BAY HARBOR DR #3 BAY HARBOR, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete FRIEDMAN, REVA 9400 E BAY HARBOR DR, APT 5 BAY HARBOR ISLAND FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REVA FRIEDMAN |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Delete MARANO, DORIS 9400 E BAY HARBOR DR APT 8 BAY HARBOR FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATTI EMISON 9400 E. BAY HARBOR DR #1 BAY HARBOR, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Doris Marano* **DORIS MARANO** **4/8/02** **305-937-7272**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)