


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

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90007 024 ****61.25

DOCUMENT # 736733
1. Entity Name
9400 CONDOMINIUM ASSOCIATION, INC.



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



MOORE CR2E037 (11/03)

4. FEI Number Applied For
65-0196143 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MARANO, DORIS
9400 E BAY HARBOR DR
BAY HARBOR ISLAND FL 33154**

7. Name and Address of New Registered Agent
Name: **Joan Bennett**
Street Address (P.O. Box Number is Not Acceptable): **518 N E 12 St**
City: **Miami** FL Zip Code: **33138**

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: *Joan Bennett* DATE: **3/8/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: D NAME: ERSHLER, MARY STREET ADDRESS: 9400 E. BAY HARBOR DR. #3 CITY-ST-ZIP: BAY HARBOR IS. FL 33154	<input type="checkbox"/> Delete
TITLE: TD NAME: MARANO, DORIS STREET ADDRESS: 9400 E BAY HARBOR DR APT 8 CITY-ST-ZIP: BAY HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: EMISON, PATTI STREET ADDRESS: 9400 E. BAY HARBOR DR. #1 CITY-ST-ZIP: BAY HARBOR FL 33154	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: PETERPAUL, CLEMENT STREET ADDRESS: 9400 E BAY HARBOR DR CITY-ST-ZIP: BAY HARBOR FL 33154	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: <i>Quenlan Tracy</i> STREET ADDRESS: <i>9400 E Bay Harbor Dr #2</i> CITY-ST-ZIP: <i>Bay Harbor Is, FL 33154</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Clement Peter Paul* Date: **3/3/4** Daytime Phone #: **305-532-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR