

736733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

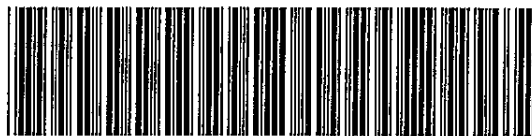
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100041843611

10/28/04--01019--005 **35.00

FILED
04 OCT 28 AM 11:04
SECRETARY OF STATE
111 A HASSELT
11 091

04

10/25/04

Dear Madam or Sir:

Pursuant to your instructions, I am enclosing a check in the amount of \$35.00 to reinstate the corporation "9400 Condominium Association, Inc."

All of the prior Board of Directors have moved out and have deliberately not forwarded mail, not filed proper documents, etc.

I was on the Board for many years and was never late in filing the Annual Report. I am now back on the Board but have no idea what has been filed. I would appreciate your advising if anything needs to be filed at this time.

Thank you for your cooperation in this matter.

9400 Condominium Assoc, Inc.

Oliver Marano, Treasurer

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 9400 CONDOMINIUM ASSOCIATION
(Name of corporation)

DOCUMENT NUMBER: 736733

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

DORIS MARANO, TREASURER
(Name of contact person)

9400 CONDOMINIUM ASSOC.
(Firm/Company)

9400 E. BAY HARBOR DRIVE
(Address)

BAY HARBOR ISLANDS, FL 33154
(City/state and zip code)

For further information concerning this matter, please call:

DORIS MARANO at (305) 937-7272
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: 9400 CONDOMINIUM ASSOCIATION, Inc.
- 2. The principal office address: 9400 E. BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL 33154
- 3. The mailing address (if different): c/o DORIS MARANO

4. Date of incorporation/qualification: _____ Document number: 736733

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
UNKNOWN

FILED
04 OCT 28 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DORIS MARANO, TREASURER
9400 E. BAY HARBOR DRIVE #8
(P.O. Box NOT acceptable)
BAY HARBOR ISLANDS, FL 33154

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Doris Marano, Treasurer DORIS MARANO - TREASURER
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Doris Marano October 25, 2004
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
DORIS MARANO, TREASURER
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***