


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90269 001 \*\*\*\*61.25

<b>DOCUMENT # 736733</b>					
1. Entity Name <b>9400 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9400 E. BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154</b>			Mailing Address <b>9400 E. BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>APARTMENT 8</b>		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0196143</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MARANO, DORIS 9400 E. BAY HARBOR DRIVE, #8 BAY HARBOR ISLANDS FL 33154</b>				7. Name and Address of New Registered Agent	
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					




1st MOORE CR2E037 (10/04)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERSHLER, MARY 9400 E. BAY HARBOR DR. #3 BAY HARBOR IS. FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR LEONOR GUORRA 9400 E. BAY HARBOR DR. #7 BAY HARBOR, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUNLAN, TERRY 9400 E. BAY HARBOR DR. #1 BAY HARBOR FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR IZOLDA FEDOTOV 9400 E. BAY HARBOR DR. #4 BAY HARBOR, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERPAUL, CLEMENT 9400 E BAY HARBOR DR BAY HARBOR FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR DORIS MARANO 9400 E. BAY HARBOR DR. #8 BAY HARBOR, FL 33154	<input type="checkbox"/> Change <input checked="" 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
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:**  **4/12/05 305-866-9938**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #