

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90015 035 ****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 **APT. 8**
US **BAY HARBOR ISLANDS FL 33154**
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
MARANO, DORIS
9400 E. BAY HARBOR DRIVE, #8
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 obligation.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (Do not file registered agent signature if there is no change.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, LEONOR	
STREET ADDRESS	9400 E BAY HARBOR DR #7	
CITY-ST-ZIP	BAY HARBOR IS. FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEDOTOV, IZOLOA	
STREET ADDRESS	9400 E BAY HARBOR DR #4	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	MARANO, DORIS	
STREET ADDRESS	9400 E BAY HARBOR DR #8	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVALLO, RINA	
STREET ADDRESS	9400 E. BAY HARBOR DR. #2	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	DOBROMIR, DIMITROV	
STREET ADDRESS	9400 E. BAY HARBOR DR #5	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	KARL VOHWINKEL	
STREET ADDRESS	9400 E. BAY HARBOR DR #	
CITY-ST-ZIP	BAY HARBOR, FL 33154	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, which is otherwise like empowered.

SIGNATURE: *Doris Marano, Treasurer* 3/24/08 786 385 574-4492