

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736733

FILED
Mar 18, 2009
Secretary of State

Entity Name: 9400 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9400 E. BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9400 E. BAY HARBOR DRIVE
APT. 8
BAY HARBOR ISLANDS, FL 33154 US

New Mailing Address:

FEI Number: 65-0196143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARANO, DORIS
9400 E. BAY HARBOR DRIVE, #8
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VOHWINKEL, KARL
Address: 9400 E. BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR IS., FL 33154

Title: SD () Delete
Name: FEDOTOV, IZOLOA
Address: 9400 E BAY HARBOR DR #4
City-St-Zip: BAY HARBOR, FL 33154

Title: TD () Delete
Name: MARANO, DORIS
Address: 9400 E BAY HARBOR DR #8
City-St-Zip: BAY HARBOR, FL 33154

Title: D () Delete
Name: CAVALLO, RINA
Address: 9400 E. BAY HARBOR DR. #2
City-St-Zip: BAY HARBOR, FL 33154

Title: P/D () Delete
Name: DOBROMIR, DIMITROV
Address: 9400 E. BAY HARBOR DR #5
City-St-Zip: BAY HARBOR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VOHWINKEL, KARL
Address: 9400 E. BAY HARBOR DRIVE #3
City-St-Zip: BAY HARBOR IS., FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS MARANO

T

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date