


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90179 040 ****61.25

DOCUMENT # 736733

1. Entity Name
9400 CONDOMINIUM ASSOCIATION, INC.




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

Mailing Address
**9400 E. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0196143**
Applied For
 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
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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25

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	GUERRO, LEO	
STREET ADDRESS	9400 E. BAY HARBOR DR. #7	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	R	<input type="checkbox"/> Delete
NAME	ERSHLER, MARY	
STREET ADDRESS	9400 E. BAY HARBOR DR. #3	
CITY-ST-ZIP	BAY HARBOR IS. FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, REVA	
STREET ADDRESS	9400 E BAY HARBOR DR, APT 5	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARANO, DORIS	
STREET ADDRESS	9400 E BAY HARBOR DR APT 8	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EMISON, PATTI	
STREET ADDRESS	9400 E. BAY HARBOR DR. #1	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	PRESIDENT DIRECTOR	<input type="checkbox"/> Delete
NAME	CLEMENT PETERPAUL	
STREET ADDRESS	9400 E. BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR, FL 33154	

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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ERSHLER	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* SIGNATURE REQUIRED **4/7/03 305-937-7272**

CR2E037 (10/02)