

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 8:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755874 (5)
 1. Corporation Name
9300 HARBOR TERRACE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 9300 BAY HARBOR TERRACE HOUSE BAY HARBOR ISLANDS FL 33154	Mailing Address 9300 BAY HARBOR TERRACE HOUSE BAY HARBOR ISLANDS FL 33154
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/13/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2166031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt #, etc 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent
**AUERBACH, HAROLD
9300 BAY HARBOR TERRACE
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent
 B1. Name
 B2. Street Address (P.O. Box Number is Not Acceptable)
 B3.
 B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title of agent (required) (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	AUSTIN, JACK
STREET ADDRESS	9300 BAY HARBOR TERR
CITY ST ZIP	BAY HARBOR ISLD FL
TITLE	SD
NAME	AUSTIN, ANTHEA
STREET ADDRESS	9300 BAY HARBOR TERR
CITY ST ZIP	BAY HARBOR ISLD FL
TITLE	VD
NAME	AUERBACH, HAROLD
STREET ADDRESS	9300 BAY HARBOR TERR
CITY ST ZIP	BAY HARBOR ISLD FL
TITLE	VD
NAME	BATTAGUA, MARIA
STREET ADDRESS	9300 BAY HARBOR TERR.
CITY ST ZIP	BAY HARBOR ISLANDS FL
TITLE	TD
NAME	AUERBACH, BETTY
STREET ADDRESS	9300 BAY HARBOR TERR
CITY ST ZIP	BAY HARBOR ISLD FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Austin **4/26/95** **905-947-3999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #