

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **755874** (5)  
 1. Corporation Name  
**9300 HARBOR TERRACE CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**9300 BAY HARBOR TERRACE HOUSE BAY HARBOR ISLANDS FL 33154**  
**9300 BAY HARBOR TERRACE HOUSE BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/13/1981</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2166031</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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  
 81 Name **William F. Cash, Jr.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3909 N.E. 163rd St. Suite 111**  
 83  
 84 City **N. Miami Beach** FL 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUSTIN, JACK</b>	1.2 NAME <b>maria Battaglia</b>
STREET ADDRESS	<b>9300 BAY HARBOR TERR</b>	1.3 STREET ADDRESS <b>9300 Bay Harbor Terr.</b>
CITY - ST - ZIP	<b>BAY HARBOR ISLD FL</b>	1.4 CITY - ST - ZIP <b>Bay Harbor, Islands FL 33154</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>v.p.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUSTIN, ANTHEA</b>	2.2 NAME <b>John Malen</b>
STREET ADDRESS	<b>9300 BAY HARBOR TERR</b>	2.3 STREET ADDRESS <b>9300 Bay Harbor Terrace</b>
CITY - ST - ZIP	<b>BAY HARBOR ISLD FL</b>	2.4 CITY - ST - ZIP <b>Bay Harbor Islands FL 33154</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUERBACH, HAROLD</b>	3.2 NAME <b>Salvatore Sascia</b>
STREET ADDRESS	<b>9300 BAY HARBOR TERR</b>	3.3 STREET ADDRESS <b>9300 Bay Harbor Terrace</b>
CITY - ST - ZIP	<b>BAY HARBOR ISLD FL</b>	3.4 CITY - ST - ZIP <b>Bay Harbor Islands FL 33154</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATTAGUA, MARIA</b>	4.2 NAME <b>ZIONA Goldstein</b>
STREET ADDRESS	<b>9300 BAY HARBOR TERR.</b>	4.3 STREET ADDRESS <b>9300 Bay Harbor Terrace</b>
CITY - ST - ZIP	<b>BAY HARBOR ISLANDS FL</b>	4.4 CITY - ST - ZIP <b>Bay Harbor Islands, FL 33154</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUERBACH, BETTY</b>	5.2 NAME <b>JACK Austin</b>
STREET ADDRESS	<b>9300 BAY HARBOR TERR</b>	5.3 STREET ADDRESS <b>9300 Bay Harbor Islands</b>
CITY - ST - ZIP	<b>BAY HARBOR ISLD FL</b>	5.4 CITY - ST - ZIP <b>Bay Islands, FL 33154</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>400001898784</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>-07/19/96--01005--011</b>
STREET ADDRESS		6.3 STREET ADDRESS <b>***61.25</b>
CITY - ST - ZIP		6.4 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 119.07(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: *[Signature]* **6-11-96** **305-945-7700**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)