

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>01/13/1981</b>	3a. Date of Last Report <b>07/18/1996</b>
4. FEI Number <b>59-2166031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CASH, WILLIAM F JR.**  
 3909 NW 163RD ST.  
 STE. 111  
 N. MIAMI BCH. FL 33160

*Bay Harbor Terrace Cond  
 9300 Bay Harbor Terrace  
 Bay Harbor Islands, FL 33154*

10. Name and Address of New Registered Agent

81 Name **Cash William F. Jr. Agent**

82 Street Address (P.O. Box Number is Not Acceptable)  
~~P.O. Box 547160~~ **9300 Bay Harbor Terrace**

83

84 City ~~Stuyvesant~~

85 FL Zip Code **33154-7160**

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]* DATE **8-1-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>BALTAGLIA, MARIA</b>	
STREET ADDRESS <b>9300 BAY HARBOR TERRACE</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>MALER, JOHN</b>	
STREET ADDRESS <b>9300 BAY HARBOR TERRACE</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>SALVATORE, SASCA</b>	
STREET ADDRESS <b>9300 BAY HARBOR TERRACE</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>GOLDSTEIN, ZIONA</b>	
STREET ADDRESS <b>9300 BAY HARBOR TERRACE</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>AUSTIN, JACK</b>	
STREET ADDRESS <b>9300 BAY HARBOR TERRACE</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V.P. VIKASA FIMMELSTEIN</b>
2.3 STREET ADDRESS	<b>9300 Bay Harbor Terrace</b>
2.4 CITY-ST-ZIP	<b>Bay Harbor Island, FL 33154</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Rosanne Wachtler STD</b>
3.3 STREET ADDRESS	<b>9300 Bay Harbor Terrace</b>
3.4 CITY-ST-ZIP	<b>Bay Harbor Island, FL 33154</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD Lidzono Perez</b>
4.3 STREET ADDRESS	<b>9300 Bay Harbor Terrace</b>
4.4 CITY-ST-ZIP	<b>Bay Harbor Island, FL 33154</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 from an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CF2E037 (4/97)