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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90096 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755874**

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 C/O FRANCISCO REDONDO BAY HARBOR ISLANDS FL 33154 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/13/1981</b>
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-2166031</b>
22	27	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Country	29
24	25	30

9. Name and Address of Current Registered Agent  <b>REDONDO, FRANCISCO</b> <b>9300 BAY HARBOR TERR</b> <b>CONDO. ASS., INC.</b> <b>BAY HARBOR ISLANDS FL 33154</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 Francisco Redondo - President - Redondo 1-6-99 DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDONDO, FRANK	1.2 NAME	
STREET ADDRESS	9300 BAY HARBOR TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABITAM, ROBERT	2.2 NAME	ABITAM, ROBERT (of title)
STREET ADDRESS	9300 BAY HARBOR TERRACE	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, RICARDO	3.2 NAME	Wolf, Ricardo (of title)
STREET ADDRESS	9300 BAY HARBOR TERRACE	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	3.4 CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCAR, REYNALDO	4.2 NAME	
STREET ADDRESS	9300 BAY HARBOR TERRACE #5A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, JACK	5.2 NAME	Vanessa Finkelstein
STREET ADDRESS	9300 BAY HARBOR TERRACE	5.3 STREET ADDRESS	9300 Bay Harbor Terrace
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154 <u>deceased</u>	5.4 CITY-ST-ZIP	Bay Harbor Islands FL, 33154
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Francisco Redondo - President - Redondo 1-6-99 305-864-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)