

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-01-2002 90029 015 ****61.25

DOCUMENT # 755874

1. Entity 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
 C/O FRANCISCO REDONDO
 BAY HARBOR ISLANDS FL 33154
 US

2. Principal Place of Business

9300 Harbor Terrace

3. Mailing Address

9300 Bay Harbor Terrace

Suite, Apt. #, etc.

Suite/Apt. #, etc.

CONDOMINIUM ASSOCIATION

City & State 9300 Bay Harbor Terrace
 Bay Harbor Islands, FL

City & State
 Bay Harbor Islands, FL

4. FEI Number

59-2166031

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BENNEL JOAN~~
~~420 15 ST #3~~
~~MIAMI BEACH FL 33139~~

Name
SPECIALIZED CONDOMINIUM MANAGEMENT INC
 Street Address (P.O. Box Number Is Not Acceptable)
~~7855 COLLIER AVENUE~~ 3347 NE 168th ST

City ~~SURFIDE~~ N. Miami Beach FL Zip Code 33160

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.

SIGNATURE

Richard Schmaeling RICHARD SCHMAELING PRES. 1/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES	P D	<input type="checkbox"/> Delete
NAME D	BATTAGLIA, MARIA D	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 4C	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOLF, RICARDO	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 3C	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PENA, JOSE	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 2A	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVKIND, HOPE	
STREET ADDRESS	9300 BAY HARBOR TERR. APT. 4B	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, MAUREEN M	
STREET ADDRESS	9300 BAY HARBOR TERRACE, 5A	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/T	
STREET ADDRESS	MAUREEN M. CORBETT	
CITY-ST-ZIP	9300 BAY HARBOR TERRACE, 5A Bay Harbor Islands, FL 33154	
TITLE	S/D	<input checked="" 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		

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:

Maria Battaglia MARIA BATTAGLIA (President)

Jan 7, 2002 (305) 866-9564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)