

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90020 032 ****61.25



DOCUMENT # 755874
 1. Entity Name
 9300 HARBOR TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 9300 BAY HARBOR TERRACE
 CONDOMINIUM ASSOCIATION
 BAY HARBOR ISLANDS, FL 33154 US

Mailing Address
 C/O ACCORD MANAGEMENT SERVICES
 PO BOX 546526
 SURFSIDE, FL 33154 US

4011000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05102007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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
 YAFFE, ROBERT H ESQ.
 11900 BISCAYNE BLVD., STE. 266
 MIAMI, FL 33181

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 12000 Biscayne Blvd., Suite 803
 City Miami FL Zip Code 33181

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HELO, CARMEN	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 6A	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAUREEN, CORBERT	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT 5A	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RÜDER, ALBERTO	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 3D	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE JESUS, TERESA	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 4A	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CEDREZ, ELI	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 3A	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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		
TITLE		<input 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 exemptions contained in Chapter 119, 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: [Signature] 5/15/07 Date (305) 861-3664 Daytime Phone #