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FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760169 (3)

1. Corporation Name
NINE ISLAND AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9 ISLAND AVENUE, BELLE ISLE MIAMI BEACH FL 33139	Mailing Address 9 ISLAND AVENUE, BELLE ISLE MIAMI BEACH FL 33139
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2196288	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 09/22/1981	3a. Date of Last Report 02/15/1996
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

**ROBERTS MANAGEMENT AND REALTY INC.
1840 NE 153RD STREET
NORTH MIAMI BEACH FL 33182**

10. Name and Address of New Registered Agent

61 Name	62 Street Address (P.O. Box Number is Not Acceptable)	63	64 City	65 Zip Code
			FL	

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	POK <input type="checkbox"/> DELETE
NAME	KOENIG, DYNIA
STREET ADDRESS	9 ISLAND AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GOLDMAN, PHILIPP
STREET ADDRESS	9 ISLAND AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WERNER, KENNETH
STREET ADDRESS	9 ISLAND AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	SDK <input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, RICHARD X
STREET ADDRESS	9 ISLAND AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	B <input checked="" type="checkbox"/> DELETE
NAME	GAFFIN, JOHN
STREET ADDRESS	9 ISLAND AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	<i>[Signature]</i>
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gaffin, John
1.3 STREET ADDRESS	9 Island Avenue
1.4 CITY-ST-ZIP	Miami Beach, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rosen, Errol
4.3 STREET ADDRESS	9 Island Avenue
4.4 CITY-ST-ZIP	Miami Beach, FL
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Simkin, Jacqueline
5.3 STREET ADDRESS	9 Island Avenue
5.4 CITY-ST-ZIP	Miami Beach, FL
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, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 9/11/97
Date: _____ Daytime Phone #: 0076376

CR2E037 (9/96)