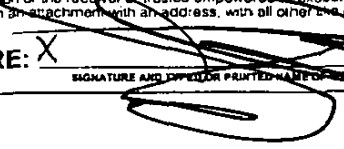
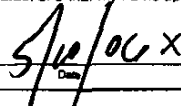


FILED
May 15, 2006 8:00 am
Secretary of State

02-17-2006 90062 031 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03420			
1. Entity Name 909 CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7901 SW 6TH COURT STE 140 PLANTATION, FL 33324		Mailing Address C/O ALFRED J KATZ 7901 SW 6TH COURT STE 140 PLANTATION, FL 33324	
2. Principal Place of Business 909 N Miami Beach Blvd		3. Mailing Address C/O Alfred J. Katzin	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N Miami Beach, FL		City & State	
33162		Zip	
Country		Country	
4. FEI Number 59-2420614		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, WAYNE R 909 N MIAMI BEACH BLVD SUITE 403 N MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/D PORTER, WAYNE 909 N MIAMI BCH BLVD. N MIAMI BCH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D AGNETTI, JOHN 909 N MIAMI BEACH BLVD, STE 201 N MIAMI BCH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD MOSKOWITZ, JEROME 909 N MIAMI BEACH BLVD N MIAMI BCH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 recorder or trustee empowered to execute this report as required by Chapter 817, 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 persons empowered.			
SIGNATURE: 		Date: 5/10/06 	
SIGNATURE AND OFFICIAL PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Daytime Phone: _____	

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

66016473

DOCUMENT # N03420					
1. Entity Name 909 CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7901 SW 6TH COURT STE 140 PLANTATION, FL 33324			Mailing Address C/O ALFRED J KATZ 7901 SW 6TH COURT STE 140 PLANTATION, FL 33324		
2. Principal Place of Business 909 N Miami Beach Blvd			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State N Miami Beach, FL			City & State		
Zip 33162		Country	Zip		Country
6. Name and Address of Current Registered Agent PORTER, WAYNE R 909 N MIAMI BEACH BLVD SUITE 403 N MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	VP/D	☐ Delete			
NAME	PORTER, WAYNE				
STREET ADDRESS	909 N MIAMI BCH BLVD.				
CITY - ST - ZIP	N MIAMI BCH, FL				
TITLE	P/D	☐ Delete			
NAME	AGNETTI, JOHN				
STREET ADDRESS	909 N MIAMI BEACH BLVD, STE 201				
CITY - ST - ZIP	N MIAMI BCH, FL 33162				
TITLE	SD	☐ Delete			
NAME	MOSKOWITZ, JEROME				
STREET ADDRESS	909 N MIAMI BEACH BLVD				
CITY - ST - ZIP	N MIAMI BCH, FL 33162				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ 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 IS TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					
Date: 5/10/06					

ATTACHMENT

66 01673
N03420

LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

INSTRUCTIONS FOR FILING CORPORATION ANNUAL REPORT

STATE OF FLORIDA - 2006

CLIENT NAME: <u>909 CENTER CONDO ASSN, INC.</u> DATE: <u>2/14/2006</u>	
GENERAL	The following procedures are applicable to the return enclosed. Attached to this instruction sheet is the <u>COPY</u> for your files and records. If there are any questions, do not hesitate to contact us.
SIGNATURE	The return must be signed and dated by either the President, Vice President, Secretary or Assistant Secretary, where indicated.
DUE DATE	May 1, 2006
NOTE	In signing these forms, the corporate officers are declaring that the return is <u>true and correct</u> , and that all Florida documentary stamp taxes required for the year have been paid.

PLEASE ENCLOSE YOUR CHECK FOR \$61.25 PAYABLE TO:

FLORIDA DEPARTMENT OF STATE

MAIL TO:

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500