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	Mailing Address
7901 SW 6TH COURT STE 140 PLANTATION, FL 33324	C/O ALFRED J KATZ 7901 SW 6TH COURT STE 140 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
909 N Miami Beach Blvd	C/O Alfred J. Katzin
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N Miami Beach, FL	City & State
Zip: 33162 Country	Zip Country

02142006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
PORTER, WAYNE R 909 N MIAMI BEACH BLVD SUITE 403 N MIAMI BEACH, FL 33162	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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D PORTER, WAYNE 909 N MIAMI BCH BLVD. N MIAMI BCH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D AGNETTI, JOHN 909 N MIAMI BEACH BLVD, STE 201 N MIAMI BCH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOSKOWITZ, JEROME 909 N MIAMI BEACH BLVD N MIAMI BCH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X _____ X 5/10/06 X
SIGNATURE AND OFFICER/DIRECTOR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

66016473

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SIGNATURE: _____ 5/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

-66 01673
#N03420

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

INSTRUCTIONS FOR FILING
CORPORATION ANNUAL REPORT

STATE OF FLORIDA - 2006

CLIENT NAME: 909 CENTER CONDO ASSN, INC. **DATE:** 2/14/2006	
GENERAL	The following procedures are applicable to the return enclosed. Attached to this instruction sheet is the **COPY** 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 **true and correct**, 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

#201