

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755874

**FILED**  
**Aug 11, 2015**  
**Secretary of State**  
**CC9899795557**

**Entity Name:** 9300 HARBOR TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9300 BAY HARBOR TERRACE  
CONDOMINIUM ASSOCIATION  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

C/O QUALITY ASSOCIATION MANAGERS  
PO BOX 160763  
MIAMI, FL 33116 US

**FEI Number:** 59-2166031

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YAFFE, ROBERT H ESQ.  
12000 BISCAYNE BLVD., STE. 609  
MIAMI, FL 33181 US

*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:** ROBERT H YAFFE

08/11/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BATTAGLIA, MARIA  
Address 9300 BAY HARBOR TERRACE APT. 4C  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title SD  
Name MIHALKOV, VLADIMIR M  
Address 9300 BAY HARBOR TERRACE APT 5C  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title VPD  
Name RUDER, ALBERTO  
Address 9300 BAY HARBOR TERRACE APT. 3D  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title TD  
Name CORBETT, MAUREEN  
Address 9300 BAY HARBOR TERRACE APT 5A  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title D  
Name HOLLANDER, INEZ  
Address 9300 BAY HARBOR TERRACE APT 7A  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA BATTAGLIA

**PRESIDENT**

08/11/2015

Electronic Signature of Signing Officer/Director Detail

Date