

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:09

DOCUMENT # 710818 (6)

1. Corporation Name
9300 WEST BAY HARBOR DRIVE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
9300 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154
9300 W BAY HARBOR DR APT. 4-B BAY HARBOR ISLANDS FL 33154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1966	3a. Date of Last Report 02/04/1994
4. FEI Number 59-1154462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
WALLACE, CHARLES E
9300 W BAY HARBOR DR
APT. 4-B
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CHARLES WALLACE
STREET ADDRESS	9300 W. BAY HARBOR DR
CITY-ST-ZIP	BAY HARBOR ISL FL
TITLE	SD
NAME	MYRNA MORRIS
STREET ADDRESS	9300 W BAY HARBOR DR
CITY-ST-ZIP	BAY HARBOR ISL, F 00000
TITLE	PD
NAME	GARDNER, JOSEPH
STREET ADDRESS	9033 W BAY HARBOR DR
CITY-ST-ZIP	BAY HARBOR ISL, F 00000
TITLE	VD
NAME	JESS, ANN LOUISE
STREET ADDRESS	9300 W BAY HARBOR DR
CITY-ST-ZIP	BAY HARBOR ISL FL
TITLE	PD
NAME	SIVITZ, KENNETH A
STREET ADDRESS	9300 W BAY HARBOR DR
CITY-ST-ZIP	BAY HARBOR ISL, F 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	ED ROBERTS
4.4 CITY-ST-ZIP	9300 W. BAY HARBOR DR.
5.1 TITLE	BAY HARBOR ISL, FL, 33154
5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	DELETE
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Charles E Wallace* TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES E. WALLACE
1/25/95 (305) 959-3636
Daytime Phone #