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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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. 2-A BAY HARBOR ISLANDS FL 33154 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 05/02/1966	3a. Date of Last Report: 02/01/1995
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc (27): APT. 2-A	4. FEI Number: 59-1154462	☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
Zip (24) / Country (25)	Zip (29) / Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

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: Roberts, Edward
82 Street Address (P.O. Box Number is Not Acceptable): 9300 W. Bay Harbor drive,
83 APT. 4-B
84 City: Bay Harbor Islands, FL 85 Zip Code: 33154

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: Edward Roberts — 2-10-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHARLES WALLACE 9300 W. BAY HARBOR DR BAY HARBOR ISL FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MYRNA MORRIS 9300 W BAY HARBOR DR BAY HARBOR ISL, F 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARDNER, JOSEPH 9033 W BAY HARBOR DR BAY HARBOR ISL, F 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERTS, ED 9300 W BAY HARBOR DR BAY HARBOR ISL FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Roberts, Ed 9300 W. Bay Harbor dr. Bay Harbor Isl., FL 33154	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Edward Roberts — 2/10/96 — 3058668833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #