## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 710818**

1. Corporation 9300 WE	EST BAY HARBOR DRIVE CO	ONDOMINIUM, INC.									
Principal Place of Business  9000 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154  US				•							
2. Principal Pl	ace of Business	2a. Mailing Address				3.	Date incorporated or Qualifed 05/02/1966				
Suite, Apt.	المناسخين أراب المستحدين المستحد	Suite, Apt. #, etc.		•			FEI Number 59-1154462		Applied For Not Applicable		
City & State		City & State				5.	Certificate of Status Desired		3.75 Additional Fee Required		
Zip	. Country	Zip 29	Cou <b>30</b>	Country 30			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Registered	Agen	<u>t</u>		
ROBERTS, EDWARD 9300 WEST BAY HARBOR DRIVE				81 82 83	Name Street Addre	ress (P.O. Box Number is Not Acceptable)					
APT 2-A BAY HARBOR ISLAND FL 33154				84 City		· FL			85 Zip Code		
. I office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Horida, Such change was	autnonzeo	o Dy	ine corporatio	oration n's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appoi	chang ntmen	ging its registered it as registered		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	í Agen	t signature required						
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	SD	☐ DELETE		1.1 TITLE					Change		
NAME	ZUSMER, NOEL		1.2 N	AME					•		
STREET ADDRESS	AAAA MURAY IMBBAD DD		1.3 \$	TREET	ADDRESS		•		•		
3	DAY HADDOD ICL E 00000 2216	•4									

FILED Apr 09, 1999 8:00 am Secretary of State

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office or n agent. I a	egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 617.0503, Fl	authorized by the corpora orida Statutes.	tion's board of directors. I here	by accept the appoi	ntment as reg	jisterea
SIGNATURE		E: Registered Agent signature requi	rad whon reinstation)	DATE	<del></del>	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES		D DIRECTO	ŘS IN 12
TITLE	SD DELETE	1.1 TITLE			Change	Addition
NAME	ZUSMER, NOEL	12 NAME		-		
STREET ADDRESS	9300 W BAY HARBOR DR	1.3 STREET ADDRESS				•
CITY-ST-ZIP	BAY HARBOR ISL, F 00000 33154	1.4 CITY-ST-ZIP				
TITLE	PD DELETE	2.1 TITLE			Change	☐ Addition
NAME	GARDNER, JOSEPH	2.2 NAME				
STREET ADDRESS	9300 W BAY HARBOR DR	2.3 STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISL, F 00000	2.4 CITY-ST-ZIP	* 1		. ',-	_
TITLE	TD DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	ROBERTS, ED	3.2 NAME				
STREET ADDRESS	9300 WEST BAY HARBOR DRIVE	3.3 STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND FL	3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE			Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE '	☐ DELETE	5.1 TITLE			Change	□ Addition
NAME		5.2 NAME		•		
STREET ADDRESS		5.3 STREET ADDRESS	•			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u> </u>		
TITLE	☐ DELETÉ	6.1 TITLE			Change	Addition
NAME .	. *'	6.2 NAME		٠		
STREET ADDRESS	( * · · · · · · · · · · · · · · · · · ·	6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				
	certify that the information cumplied with this filing does not qualify i	or the exemption stated in	Section 119 07/3\(i) Florida S	tatutes I further cer	tify that the in	formation

Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 1.19.07(5)(f), Fronta Statutes. I further certary 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, with all other like empowered.

SIGNATURE:

