

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710818

FILED
Jan 18, 2005
Secretary of State

Entity Name: 9300 WEST BAY HARBOR DRIVE CONDOMINIUM, INC.

Current Principal Place of Business:

9300 WEST BAY HARBOR DRIVE
#4-B
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9300 W BAY HARBOR DRIVE,
APT, 4-B
BAY HARBORS ISLANDS, FL 33154 US

New Mailing Address:

FEI Number: 59-1154462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, ILEENE S
9300 WEST BAY HARBOR DRIVE
4-B
BAY HARBOR ISLAND, FL 33154 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIPTON, DELSIE
Address: 9300 W BAY HARBOR DRIVE, #2B
City-St-Zip: BAY HARBOR I'SL, FL 33154 US

Title: SD () Delete
Name: MORRIS, MYNRA
Address: 9300 W BAY HARBOR DR
City-St-Zip: BAY HARBOR ISL, FL 33154 US

Title: TD () Delete
Name: WALLACE, ILEENE S
Address: 9300 WEST BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISL, FL 33154 US

Title: D () Delete
Name: ZUSMER, ROXIE
Address: 9300 BAY HARBOR DRIVE, # 1B
City-St-Zip: BAY HARBOR, FL 33154 US

Title: D () Delete
Name: ROBERTS, ED
Address: 9300 BAY HARBOR DRIVE, # 2A
City-St-Zip: BAY HARBOR, FL 33154 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ILEENE S. WALLACE

TD

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date