

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 -9 AM 11:22

DOCUMENT # 712508 (1)

1. Corporation Name
9200 WEST BAY HARBOR CONDOMINIUM, INC.

Principal Place of Business Mailing Address
9200 WEST BAY HARBOR DRIVE 9200 WEST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1967	3a. Date of Last Report 03/23/1994
4. FEI Number 59-1173390	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent KOTLER, MICHAEL 9200 WEST BAY HARBOR DRIVE, 4B 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
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO KOTLER, MEYER 9200 W BAY HARBOR DR BAY HARBOR ISLANDS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT/TREASURER - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROGER KEMPLER 9200 W BAY HARBOR DR. 4A BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVINSON, HARRIET 9200 W BAY HARBOR DR BAY HARBOR ISLANDS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V.P. - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEO KREPS 9200 W BAY HARBOR DR. 2A BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAVITT, EDWARD 9200 W BAY HARBOR DRIVE BAY HARBOR ISLANDS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MEYER, KOTLER 9200 W. BAY HARBOR DR. 4B BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILLETTE, DONALD 9200 W BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEMPLER, EVELYN 9200 W BAY HARBOR DRIVE BAY HARBOR ISLANDS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSS, IRENE 9200 W BAY HARBOR DRIVE BAY HARBOR ISLANDS FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as an attachment with an address.

SIGNATURE: Roger Kempler 2-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Signature) (Printed Name)