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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # 712508 (1)

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



Principal Place of Business Mailing Address
**9200 WEST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154** **9200 WEST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154-2758**

3. Date Incorporated or Qualified **03/31/1967** 3a. Date of Last Report **02/15/1996**
4. FEI Number **59-1173390** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
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

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 25 29 30

9. Name and Address of Current Registered Agent
**KOTLER, MICHAEL
9200 WEST BAY HARBOR DRIVE
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	KEMPLER, ROGER	
STREET ADDRESS	9200 W BAY HARBOR DR 4A	
CITY - ST - ZIP	BAY HARBOR FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KREPS, LEO	
STREET ADDRESS	9200 W BAY HARBOR DR 2A	
CITY - ST - ZIP	BAY HARBOR ISLANDS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOTLER, MEYER	
STREET ADDRESS	9200 W BAY HARBOR DR 4B	
CITY - ST - ZIP	BAY HARBOR ISLANDS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KREPS, LEO	
1.3 STREET ADDRESS	9200 W. BAY HARBOR DR. 2-A	
1.4 CITY - ST - ZIP	BAY HARBOR, FL 33154	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOTLER, MEYER	
2.3 STREET ADDRESS	9200 W. BAY HARBOR DR. 4-B	
2.4 CITY - ST - ZIP	BAY HARBOR, FL 33154	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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		

for info
BANK

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] **LEO KREPS, PRES.** 1/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)