

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
03/31/1967

4. FEI Number
59-1173390

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Leo Kreps

82 Street Address (P.O. Box Number Is Not Acceptable)
9200 W. Bay Harbor Dr.- #2-A

83

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREPS, LEO	1.2 NAME	
STREET ADDRESS	9200 W. BAY HARBOR DR 2-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTLER, MEYER	2.2 NAME	Kramer, Silvia
STREET ADDRESS	9200 W BAY HARBOR DR #2	2.3 STREET ADDRESS	9200 W Bay Harbor DR - #2-B
CITY-ST-ZIP	BAY HARBOR FL 33154	2.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTLER, MEYER	3.2 NAME	Waxman, Frank
STREET ADDRESS	9200 W BAY HARBOR DR #B	3.3 STREET ADDRESS	9200 W Bay Harbor DR - #1-A
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	3.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]* DATE: 1/30/98 (305) 599-1366