NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 712508

9200 WEST BAY HARBOR CONDOMINIUM, INC.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90066 048 ****62.50

Principal Place	e of Business	Mailing Address	Mailing Address				•			•
9200 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154		9200 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154								
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 03/31/1967				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			App	lied For
22		27				59-11733	90			Applicable
City & State	e	City & State				5. Certifcate of	Status Desired	⊐ ··	\$8.75 A	
23		28						_		·
Zip	Country Zip 25 29 30			nury		6. Election Cam Trust Fund C		□ '	\$5.00 i Added to	
24 25 29 3 9. Name and Address of Current Registered Agent						10. Name and A	istered A		1 003	
	5. Name and Address of Curren	r Kedistelan Walir		81	Name	· · · · · · · · · · · · · · · · · · ·			- <u> </u>	
KREPS, LEO				82 Street Address (P.O. Box Number is Not Acceptable))		
9200 W BAY HARBOR DR				83			· · · · · · · · · · · · · · · · · · ·			
#2-A									т	
BAY HAR	BOR ISLANDS FL 33154			84	City		•	FL	85 Zip C	ode .
SIGNATURE	m familiar with, and accept the obligation of th					d when reinstating)	HANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
TITLE	PTD	□ DELETE	1,1 717	ne-					Change	☐ Addition
NAME	KREPS, LEO		1.2 NA							j
STREET ADDRESS	9200 W. BAY HARBOR DR 2-A				ADDRESS				•	
CITY-ST-ZIP	BAY HARBOR FL 33154		1,4 CIT							
TITLE	VD DELETE			TE.					Change	☐ Addition
NAME	KRAMER, SILVIA			ME		•				ļ.
STREET ADDRESS	9200 W BAY HARBOR DR., #2	2-8	2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BAY HARBOR FL 33154		2. 4 CI	ITY-S	T-ZIP					
TITLE	SD	☐ DELETE	3.1 TIT	ILE.		_			Change	☐ Addition
NAME	WAXMAN, FRANK		3.2 NA	ME						,
STREET ADDRESS	9200 W BAY HARBOR DR., #1		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33		3.4. Cf	TY-S	T-ZIP				,	
TITLE		☐ DELETE	4.1 TIT	ΓE			•		Change	Addition
NAME			4. 2 N						•	
STREET ADDRESS					ADDRESS				•	
CITY-ST-ZIP			4.4 CI	_	r- ZIP				[] Change	Addition
TITLE		☐ DELETÉ	5.1 TIT 5.2 NA						[_] Onlinge	C Addison
NAME					ADORESS		3	,,	÷1	
STREET ADDRESS			5.4 CI		1	* *				
CITY-ST-ZIP		☐ DELETE	5.4 CI		1-4IF				Change	Addition
TITLE NAME			6.2 NA				. * .			
STREET ADDRESS					ADDRESS		,			}
, DIRECTADUREDO			-							

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 suppliemental 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.

6.4 CITY-57-ZIP

SIGNATURE:

CITY-ST-ZIP