


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90550 030 \*\*\*\*61.25

<b>DOCUMENT # 712508</b> 1. Entity Name 9200 WEST BAY HARBOR CONDOMINIUM, INC.	
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Principal Place of Business 9200 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154	Mailing Address 9200 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154
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**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1173390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WAXMAN, FRANK  
 9200 W BAY HARBOR DR  
 #1-A  
 BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINSTEIN, KEN 9200 W. BAY HARBOR DR 2-A BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRAMER, SILVIA 9200 W BAY HARBOR DR., #2-B BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAXMAN, FRANK 9200 W BAY HARBOR DR., #1-A BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Waxman Pres. Date: 4/20/04 Daytime Phone #: 305 861-4616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR