


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90047 020 \*\*\*\*61.25

**DOCUMENT # 712508**

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



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



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1173390 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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: Frank Waxman (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTEIN, KEN		NAME		
STREET ADDRESS	9200 W. BAY HARBOR DR 2-A		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP		
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAMER, SILVIA		NAME		
STREET ADDRESS	9200 W BAY HARBOR DR., #2-B		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAXMAN, FRANK		NAME		
STREET ADDRESS	9200 W BAY HARBOR DR., #1-A		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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. and Co. 4/8/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

**FRANK WAXMAN**