


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90415 003 ****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

50012974



2. Principal Place of Business

3. Mailing Address
 210 BSSS - Condo DEPT.
 Suite, Apt. #, etc.
 2525 PONCE DE LEON BLVD.
 City & State
 5th FLOOR, COCAL GABLES, FL
 Zip
 33134
 Country
 USA

04102006 Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	TD <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	
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 exemptions contained in Chapter 119, 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 Date: 4/13/06 Daytime Phone #: 305-274-4600