

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90268 028 ****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 C/O BSSS-CONDO DEPT 2525 PONCE DE LEON BLVD., 5TH FLR. CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WAXMAN, FRANK 9200 W BAY HARBOR DR #1-A BAY HARBOR ISLANDS, FL 33154		Name <u>Kenneth Weinstein</u> Street Address (P.O. Box Number is Not Acceptable) <u>9200 W. Bay Harbor Dr. #2-A</u> City <u>Bay Harbor Islands</u> FL Zip Code <u>33154</u>	
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 <u>Kenneth Weinstein</u> Signature, typed or printed name of registered agent and title if applicable		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINSTEIN, KEN 9200 W. BAY HARBOR DR 2-A BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Weinstein, Ken 9200 N. Bay Harbor Dr. #2-A Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRAMER, SILVIA 9200 W BAY HARBOR DR., #1-A BAY HARBOR, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Savitt, Edward 9200 W. Bay Harbor Dr. #1-B Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAXMAN, FRANK 9200 W BAY HARBOR DR., #1-A BAY HARBOR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hurwitz, Norman 9200 W. Bay Harbor Dr. #3-A Bay Harbor Islands, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kenneth Weinstein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/19/07</u> Daytime Phone # <u>(305) 967-5572</u>	

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4. FEI Number 59-1173390 Applied For Not Applicable

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