


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726550 1. Entity Name OMEGA CONDOMINIUM NO. 9, INC.	
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Principal Place of Business 1701 NW 75TH AVE PLANTATION, FL 33313	Mailing Address 1701 NW 75TH AVE UNIT 106 PLANTATION, FL 33313
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05222006 Chg-NP CR2E037 (4/06)

City & State	City & State
Zip	Country

4. FEI Number 59-1559709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BERGMAN, A.C. 7451 W. OAKLAND PARK BLVD LAUDERDALE, FL 33319	

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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	BLOUGH, NANCY
STREET ADDRESS	1701 NW 75TH AVE 203
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	D <input type="checkbox"/> Delete
NAME	LEVINE, LEE
STREET ADDRESS	1701 NW 75TH AVE 307
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	STOLL, MICHELE
STREET ADDRESS	1701 NORTHWEST 75TH AVENUE # 106
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	S <input type="checkbox"/> Delete
NAME	WEISS, ANN
STREET ADDRESS	1701 NW 75 AVE #304
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	VD <input type="checkbox"/> Delete
NAME	BYRNS, TIMOTHY
STREET ADDRESS	1701 NORTHWEST 75TH AVENUE # 106
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	D <input type="checkbox"/> Delete
NAME	CONTRERAS, HUGO
STREET ADDRESS	1701 NORTHWEST 75TH AVENUE # 106
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRID MADER
STREET ADDRESS	1701 NW 75 AVE 207
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	80005579628
STREET ADDRESS	06/01/08--01007--002 **70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800075579628
STREET ADDRESS	06/01/06--01007--002 **61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Timothy Byrns 5/23/06 954-583-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

c/360