

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90016 010 \*\*\*\*61.25

**DOCUMENT # 736733**

1. Entity Name

**9400 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**9400 E. BAY HARBOR DRIVE  
BAY HARBOR ISLANDS FL 33154  
US**

Mailing Address

**9400 E. BAY HARBOR DRIVE  
APT. 8  
BAY HARBOR ISLANDS FL 33154  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-0196143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARANO, DORIS  
9400 E. BAY HARBOR DRIVE, #8  
BAY HARBOR ISLANDS FL 33154**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUERRA, LEONOR	
STREET ADDRESS	9400 E BAY HARBOR DR #7	
CITY-ST-ZIP	BAY HARBOR IS. FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEDOTOV, IZOLOA	
STREET ADDRESS	9400 E BAY HARBOR DR #4	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARANO, DORIS	
STREET ADDRESS	9400 E BAY HARBOR DR #8	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINA CAVALLO	
STREET ADDRESS	9400 E. BAY HARBOR DR #2	
CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBROMIR DIMITROV	
STREET ADDRESS	9400 E. BAY HARBOR DR. #5	
CITY-ST-ZIP	BAY HARBOR, FL 33154	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*By Doris Marano, Pres*

*3/6/06*