2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 746064

1. Entity Name
9350 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9350 W. BAY HARBOR DR. BAY HARBOR ISLANDS, FL 33154	9350 W. BAY HARBOR DR. BAY HARBOR ISLANDS, FL 33154

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2052678

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JERRY
9350 W BAY HARBOR DR #2A
BAY HARBOR ISLANDS, FL 33154

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

000000413136
02/10/06-80077-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, JERRY
STREET ADDRESS	9350 W. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOUR ISLAND, FL 33154
TITLE	VD
NAME	RAPPORT, MORRIS
STREET ADDRESS	9350 W. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOUR ISLAND, FL 33154
TITLE	TD
NAME	FASS, PAUL
STREET ADDRESS	9350 W. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOUR ISL., FL
TITLE	D
NAME	KOVON, CARYL
STREET ADDRESS	9350 W. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOUR ISLAND, FL 33154
TITLE	D
NAME	NATHAN, DOLORES
STREET ADDRESS	9350 W BAY HARBOR DRIVE
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/29/06 305 868 7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #