

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755874

FILED
Apr 15, 2009
Secretary of State

Entity Name: 9300 HARBOR TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9300 BAY HARBOR TERRACE
CONDOMINIUM ASSOCIATION
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

C/O ACCORD MANAGEMENT SERVICES
PO BOX 546526
SURFSIDE, FL 33154 US

New Mailing Address:

C/O QUALITY ASSOCIATION MANAGERS
PO BOX 160763
MIAMI, FL 33116 US

FEI Number: 59-2166031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAFFE, ROBERT H ESQ.
12000 BISCAYNE BLVD., STE. 803
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

YAFFE, ROBERT H ESQ.
12000 BISCAYNE BLVD., STE. 810
MIAMI, FL 33181 US

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.

SIGNATURE: ROBERT YAFFE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HELO, CARMEN
Address: 9300 BAY HARBOR TERRACE APT. 6A
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: SD () Delete
Name: MAUREEN, CORBELT
Address: 9300 BAY HARBOR TERRACE APT 5A
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: VPD () Delete
Name: RUDER, ALBERTO
Address: 9300 BAY HARBOR TERRACE APT. 3D
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: TD () Delete
Name: DE JESUS, TERESA
Address: 9300 BAY HARBOR TERRACE APT. 4A
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: PD () Delete
Name: CEDREZ, ELI
Address: 9300 BAY HARBOR TERRACE APT. 3A
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELI CEDREZ

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date