

FILE NOW: FILING FEE IS \$61.25

FILED

May 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756005 (5)**  
1. Corporation Name  
**NINETY-FOUR TWENTY CONDOMINIUM, ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**9420 W BAY HARBOR DRIVE**  
**BAY HARBOR ISLAND FL 33154**  
**9420 W BAY HARBOR DRIVE**  
**BAY HARBOR ISLAND FL 33154-2375**

3. Date Incorporated or Qualified **01/22/1981** 3a. Date of Last Report **06/24/1996**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-1031961</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HAUSER, MARC</b> <b>1100 KANE CONCOURSE #201</b> <b>BAY HARBOR ISLANDS, INC.</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>GOTTLIEB, PHILIP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GOTTLIEB, PHILIP</b>		1.2 NAME <b>GOTTLIEB, MARTHA</b>	
STREET ADDRESS <b>9420 W BAY HARBOR DRIVE</b>		1.3 STREET ADDRESS <b>9420 W. BAY HARBOR DRIVE</b>	
CITY - ST - ZIP <b>BAY HARBOR ISLD, FL00000</b>		1.4 CITY - ST - ZIP <b>BAY HARBOR ISLAND, FL</b>	
TITLE <b>TR D</b>	<b>GOLD, SUE</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOLD, SUE</b>		2.2 NAME	
STREET ADDRESS <b>9420 WEST BAY HARBOR DRIVE</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>BAY HARBOR ISLAND FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>PVP D</b>	<b>ROTHBART, EMANUEL</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROTHBART, EMANUEL</b>		3.2 NAME	
STREET ADDRESS <b>9420 W BAY HARBOR DRIVE</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>BAY HARBOR ISLD, FL00000</b>		3.4 CITY - ST - ZIP	
TITLE <b>TSD</b>	<b>HAVEN, DEBORAH</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAVEN, DEBORAH</b>		4.2 NAME	
STREET ADDRESS <b>9420 WEST BAY HARBOR DRIVE</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>BAY HARBOR ISLAND FL</b>		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/12/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0031008

CP2E037 (9/96)