

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756005 ✓

1. Corporation Name

NINETY-FOUR TWENTY CONDOMINIUM, ASSOCIATION, INC

Principal Place of Business

9420 W BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154

Mailing Address

9420 W BAY HARBOR DRIVE
#2
BAY HARBOR ISLAND FL 33154
US

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90016 029 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		01/22/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-1031961	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
4		25		29	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAUSER, MARC				81 Name	
1100 KANE CONCOURSE #201				82 Street Address (P.O. Box Number is Not Acceptable)	
BAY HARBOR ISLANDS, INC.				83	
				84 City	
				FL 85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HAVEN, DEBORAH	1.2 NAME	
STREET ADDRESS	9420 W BAY HARBOR DR, #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLD, FL00000 33154	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BROOKES, HARRIETT W	2.2 NAME	
STREET ADDRESS	9420 W BAY HARBOR DR, #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BROOKES, DONNA L	3.2 NAME	
STREET ADDRESS	9420 W BAY HARBOR DR, #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLD, FL00000 33154	3.4 CITY-ST-ZIP	
TITLE	TSD	4.1 TITLE	
NAME	HAVEN, DEBORAH	4.2 NAME	
STREET ADDRESS	9420 WEST BAY HARBOR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	FLETCHER, JACQUELINE	5.2 NAME	
STREET ADDRESS	9420 W BAY HARBOR DR, #5	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Jacqueline Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-99
Date

305-866-7822
Daytime Phone #

CR2E037 (5/99)