2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756005

1. Entity Name

NINETY-FOUR TWENTY CONDOMINIUM, ASSOCIATION, INC

Principal Place of E	Business	Mailing Address						
9420 w bay harbo Bay harbor islai		9420 W BAY HARBOR DRIVE #2 BAY HARBOR ISLAND FL 33154-2375 US						
. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, et		Suite, Apt. #, etc.						
City & State	_	City & State						
Zìp	Country	Zip	Country					

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90052 017 ****61.25



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FE	4. FEI Number 59-1031961				pplied For ot Applicable		
Country	Zìp	Cour	ntry	5. Ce				\$8.75 Ad Fee Require	ditional		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered /					Agent			
			Name						_		
HAUSER, MARC					Street Address (P.O. Box Number is Not Acceptable)						
		}	City				FI	Zip Cod	de		
			-			4		- _			
·· .							DATE				
-				T				I			
OFFICERS AND D	DIRECTORS	11.		ADDITIO	NS/CHANGES	TO OFFICE	RS AND D	RECTORS IN			
	□ Delete	TITLE	<u> </u>					Change	Addition		
BAY HARBOR DR, #2		STREE	T ADDRESS						Addition		
ES, HARRIETT W BAY HARBOR DR, #3	☐ Delete	STREE	T ADDRESS			-	د دي چاپ مواهداد	☐ Change	Addition 6		
ES, DONNA L BAY HARBOR DR, #3	☐ Delete	STREE	T ADDRESS					☐ Change	Addition		
HER, JACQUELINE BAY HARBOR DR, #5	☐ Delete	STREE	T ADDRESS					Change	Addition		
	☐ Delete	STREE	T ADDRESS					Change	☐ Addition		
	☐ Defete	CITY-:	T ADDRESS ST-ZIP		2.07/01/2 51- : :	01-14	6	☐ Change	☐ Addition		
	OURSE #201 NDS, INC. https://www.inc. https://	City & State Country Zip Me and Address of Current Registered Agent OURSE #201 (NDS, INC.) Ped or printed name of registered agent and bitle if applicable Ped or printed name of registered agent and bitle if applicable Ped or printed name of registered agent and bitle if applicable Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable (NOT Ped or printed name of registered agent and bitle if applicable Ped or printed name of registered agent and bitle if applicable Ped or printed name of registered agent and bitle if applicable Ped or printed name of registered agent and bitle if applicable Ped	Country Zip Country Zip Country Country Zip Country Countr	Country Zip Country Tip Country Tip Country The and Address of Current Registered Agent Name Street Address Street Address Street Address City NOTE: Registered office or City Tity submits this statement for the purpose of changing its registered office or Part of printed name of registered agent and title if applicable E NOW: IS \$61.25 S. Election Campaign Financing Trust Fund Contribution. Delete TitLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	City & State Country Zip Country Zip Country 5. Ce Name and Address of Current Registered Agent Name Stroet Address (P.O. Box City City City City City City City Street Address (P.O. Box City City Added to Fees Final Fund Contribution. Delete Intle NAME STREET ADDRESS CITY-ST-ZIP Delete ES, DONNA L BAY HARBOR DR, #3 RBOR ISLA, FL00000 33154 IER, JACQUELINE BAY HARBOR DR, #5 RBOR ISLAND FL 33154 Delete Intle NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Dele	City & State Country Zip Country Zip Country 5. Certificate of Status Name Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not.) City City	Country Zip Country Zip Country S. Certificate of Status Desired 7. Name and Address of New R Name Street Address (P.O. Box Number is Not Acceptable City Seed or printed name of registered agent and late if applicable ENOW: Seed or printed name of registered agent and late if applicable ENOW: Seed or printed name of registered agent and late if applicable ENOW: Seed or printed name of registered agent and late if applicable ENOW: Seed or printed name of registered agent and late if applicable ENOW: Seed or printed name of registered agent and late if applicable ENOW: Seed or printed name of registered agent, or both, in the state of Flo White programmed Agent ulgrature required when remaining) ENOW: Seed or printed name of registered agent, or both, in the state of Flo What is \$5.00 May Be Added to Fees Delete ITILE NAME STREET ADDRESS CITY-ST-2IP Delete STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP Delete ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP DELETE	Country Zip Country S. Certificate of Status Desired To Name and Address of Current Registered Agent To Name and Address of New Registered Name Nam	City & State Country Country Zip Country S. Certificate of Status Desired S. Certificate of Status Desired S. Certificate of Status Desired Street Address of Current Registered Agent Name Street Address of Current Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) City FL Zip Cox City FL Zip Cox City FL Zip Cox Street Address (F.O. Box Number is Not Acceptable) City FL Zip Cox City FL Zip Cox Street Address (F.O. Box Number is Not Acceptable) DATE E NOW: Is \$61.25 P. Election Campaign Financing Trust Fund Contribution Added to Fees Make Check Payable to Department of State Department of State Department of State Department of State STREET ADDRESS GITY-ST-Zip BAY HARBOR DR, #2 STREET ADDRESS S		

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.

4-24-00 305-866-7822