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Secretary of State

04-14-1999 90072 041 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N03420

1. Corporation Name

909 CENTER CONDOMINIUM ASSOCIATION, INC.

326197-90072-41

Principal Place of Business

C/O MAURICE E. LEVENSON
 3801 HOLLYWOOD BLVD 3RD FLOOR
 HOLLYWOOD FL 33021

Mailing Address

C/O MAURICE E. LEVENSON
 3801 HOLLYWOOD BLVD 3RD FLOOR
 HOLLYWOOD FL 33021



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/04/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2420614	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		25	
24		29		30	

9. Name and Address of Current Registered Agent

PORTER, WAYNE R
909 N MIAMI BEACH BLVD
SUITE 403
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, WAYNE	1.2 NAME	AGNETT, JOHN
STREET ADDRESS	909 N MIAMI BCH BLVD.	1.3 STREET ADDRESS	909 N. MIAMI BEACH BLVD, STE 901
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKEL, RALPH	2.2 NAME	MOSKOWITZ, JEROME
STREET ADDRESS	909 N MIAMI BCH BLVD.	2.3 STREET ADDRESS	909 N. MIAMI BEACH BLVD.
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIN, RICHARD L.	3.2 NAME	
STREET ADDRESS	909 N MIAMI BCH BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: X Wayne R. Porter PORTER X 4/07/99 X 3059494223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)