

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90091 031 \*\*\*\*61.25

**50033470**



03012005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N03420</b> 1. Entity Name 909 CENTER CONDOMINIUM ASSOCIATION, INC.			
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 7901 SW 6TH COURT Suite, Apt. #, etc. SUITE 140 City & State PLANTATION, FL Zip 33324		3. Mailing Address c/o ALFRED J KATZIN 7901 SW 6TH COURT Suite, Apt. #, etc. SUITE 140 City & State PLANTATION, FL Zip 33324	
		4. FEI Number 59-2420614 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  PORTER, WAYNE R 909 N MIAMI BEACH BLVD SUITE 403 N MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP/D	<input type="checkbox"/> Delete	
NAME	PORTER, WAYNE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	909 N MIAMI BCH BLVD.		
CITY-ST-ZIP	N MIAMI BCH, FL		
TITLE	P/D	<input type="checkbox"/> Delete	
NAME	AGNETTI, JOHN		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	909 N MIAMI BEACH BLVD, STE 201		
CITY-ST-ZIP	N MIAMI BCH, FL 33162		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	MOSKOWITZ, JEROME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	909 N MIAMI BEACH BLVD		
CITY-ST-ZIP	N MIAMI BCH, FL 33162		
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/30/05 3052535538 <small>Date Daytime Phone #</small>	