

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**



**DOCUMENT # N03420**  
 1. Entity Name  
**909 CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**909 N MIAMI BEACH BLVD  
 N MIAMI BEACH, FL 33162**

Mailing Address  
**C/O ALFRED J KATZIN  
 7901 SW 6TH COURT STE 140  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2420614**

Applied For  
 Not Applicable

5. Certificate of Status Desired.  **\$8.75 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**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

100000832008  
 04/18/08-80042-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PORTER, WAYNE 909 N MIAMI BCH BLVD. N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D AGNETTI, JOHN 909 N MIAMI BEACH BLVD, STE 201 N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSKOWITZ, JEROME 909 N MIAMI BEACH BLVD N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wayne R. Porter WAYNE R. PORTER 305-949-4223  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone  
4/7/08