


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2007 08:00 AM
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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D PORTER, WAYNE 909 N MIAMI BCH BLVD. N MIAMI BCH, FL	DO NOT WRITE IN THIS SPACE
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		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/13/07 (305) 653 5555 <small>Daytime Phone #</small>



02062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2420614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/01/07-80038-019 61.25