


**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.	
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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
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02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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
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
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03/01/07-80038-019 61.25

**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: _____ *President* Date: 2/13/07 (305) 653 5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #