2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N0400005 on BENEVA CONDOMINIU		c. (-02-2006 90231 025 ****61.25
Principal Place of Business 1851 BENEVA ROAD SARASOTA, FL 34232		Mailing Address 2880 SCHERER DRIVE NORTH SAINT PETERSBURG, FL 33716		60033802	
2. Principal P	lace of Business	3. Mailing Address 430/- 32n	dSt.W.		HI BRHI BRHI 60HI 60HI 80HI 8NHI 8NHI 8NHI 8NHI 8NHI 180HII 180HI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.) O	04212006 Chg	g-NP CR2E037 (11/05)
City & State	e	Brackenton	FL	4. FEI Number 20-1192768	Applied For Not Applicable
Zip	Country	34205	Country USA	5. Certificate of Star	sus Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered Agent
ROWLAND), DAVID R		Name C	ës (bndar	inium Mant. Stes.
1851 BEN	EVA ROAD A, FL 34232		Street Addres	SAPO. Box Number is N	Costreet west
0, 110 100 1			Si	lite A-20	
			City Br	adentin	FL 25%05
	ions gregistered agent.	veringan	<u>ی</u>	stered agent, or both, in th	ne State of Florida. I am familiar with, and accept
	Signatury, typed or printed fame of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requ	uired when reinstating)	DATE
	Signaturi, typed or printed (amp of registered agent Fifting Fee is \$61.25 Due by May 1, 2006	- 	paign Financing	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9 Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check payable to Florida Department of State S TO OFFICERS AND DIRECTORS IN 10
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006	9 Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check payable to Florida Department of State S TO OFFICERS AND DIRECTORS IN 10 Change Addition
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI DP ROWLAND, DAVID R 1851 BENEVA ROAD	9 Election Camp Trust Fund Co	paign Financing partibution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE President Imy Lynch	Make check payable to Florida Department of State S TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fifing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE DP ROWLAND, DAVID R 1851 BENEVA ROAD SARASOTA, FL 34232	Election Camp Trust Fund Co	paign Financing entribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check payable to Florida Department of State S TO OFFICERS AND DIRECTORS IN 10 Change X Addition Keet Way, Unit 801 2 3433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Fifing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE DP ROWLAND, DAVID R 1851 BENEVA ROAD SARASOTA, FL 34232 DVS ROWLAND, RICHARD D 1851 BENEVA ROAD	Election Camp Trust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees PRESIDENT IMMY LYNCH J770 PARAI OURASUTA F ICE PRESIDE AY FARREIL 1952 TOUCO	Make check payable to Florida Department of State S TO OFFICERS AND DIRECTORS IN 10 Change Maddition Keet Way, Unit 801 Change Maddition Change Maddition May, Unit 1400
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Fifing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE DP ROWLAND, DAVID R 1851 BENEVA ROAD SARASOTA, FL 34232 DVS ROWLAND, RICHARD D	Election Camp Trust Fund Co	paign Financing portribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE President My Lynch J770 Parall Ce Preside ay Farrell 1952 Touch arasuta F	Make check payable to Florida Department of State STO OFFICERS AND DIRECTORS IN 10 Change Maddition Change Maddition Change Maddition Way, Unit 1400 Stance Maddition
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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:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date