2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 12, 2008 8:00 am Secretary of State **DOCUMENT # 746077** 1. Entity Name 03-12-2008 90035 033 ****61.25 BANGA CONDOMINIUM, INC. Principal Place of Business Mailing Address 35-44TH AVE. 35-44TH AVE. ST.PETERSBURG BCH. FL 33706 ST.PETERSBURG BCH. FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZEIKA DANA Sireer Audress (P.O. Bux Number is Nor Acceptable) 630 115TH AVE TREASURE ISLAND FL 33706 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. (NOTE: Registate) Agent signature red until when rainstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE WEBB TODD NAME 4811 WHRLY HEIGTS PSSW ALEXADRIA, MN. - 56308 35 44THXVE STREET ADDRESS STREET ADDRESS ST PETE BEACH FL CITY - ST - ZIP CITY-ST-ZIP TITLE Delate TITLE PETKUS, VACYS NAME NAME 35 - 44 AVENUE STREET ADDRESS STREET ADDRESS. SAINT PETERSBURG BEACH FL 33706 CITY-ST-ZIP City-St-ZiP T!TLE TITLE Dalete ☐ Change ☐ Addition NAME PETKUS ALGIS -----MAAR 1206 BROOKLINE PL APT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILLOUGHBY OH 44094-7085 CITY-ST-Z-P PST TITLE ☐ Delete Change ☐ Addition MAZEIKA, DANA NAME NAME 630 115TH AVE STREET ADDRESS STREET ACCRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-7iP TITLE 1131 6 ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED

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