

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001921

**Entity Name:** THE OFFICES AT SOUTH STAR CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 09, 2021**  
**Secretary of State**  
**5951338778CC****Current Principal Place of Business:**7802 KINGSPORTE PKWY  
SUITE# 211  
ORLANDO, FL 32819**Current Mailing Address:**PO BOX 691088  
ORLANDO, FL 32869**FEI Number: 20-1303430****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BENINATI, RICHARD B  
7802 KINGSPORTE PKWY  
SUITE #210  
ORLANDO, FL 32819 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BENINATI, RICHARD  
Address 7802 KINGSPORTE PKWY # 210  
City-State-Zip: ORLANDO FL 32819

Title DVP  
Name FERNANDES, NEYLA  
Address 7802 KINGSPORTE PKWY # 211  
City-State-Zip: ORLANDO FL 32819

Title DS  
Name BENINATI, LUCIA H  
Address 7802 KINGSPORTE PKWY # 210  
City-State-Zip: ORLANDO FL 32819

Title D  
Name MCCLAIN, JOHN  
Address 7802 KINGSPORTE PKWY  
SUITE# 202  
City-State-Zip: ORLANDO FL 32819

Title DT  
Name PALANICHAMY, RAJ  
Address 7802 KINGSPORTE PKWY  
SUITE# 105  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name LANES, ELIOT  
Address 7802 KINGSPORTE PKWY  
SUITE 206  
City-State-Zip: ORLANDO FL 32819

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LUCIA BENINATI****DS****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date