
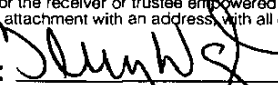


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90021 022 ****61.25

DOCUMENT # 729073 1. Entity Name BEN MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2590 FIRST ST FT. MYERS, FL 33901 US			Mailing Address PO BOX 08065 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 60195			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Myers FL		4. FEI Number 59-1531445	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33906		Country USA		01282008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DEBOEST, RICHARD D. 1415 HENDRY ST. FT. MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, BILL 2590 FIRST STREET # 208 FT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cheeryk Edwardson 2608 First Street # 201 Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ALVERAZ, LAURA 2590 FIRST STREET #112 FT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jane Story c/o Keim Realty, 802 SE 47th Terrace Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAYLAND, TERRY 7680 CAMBRIDGE MANOR PLACE SUITE 102 FT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David Teney 2590 First Street # 111 Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDY, MCCREEDY 14561 PALM BEACH BLVD. SUITE 30 FT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bill Clark 2590 First Street #508 Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CATALANO, DONALD 22 ADIRONDACK STREET SOUTH BURLINGTON, VT 05403	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Laura Alvarez 2590 First Street #112 Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Terry Wayland 3-20-2008 239-275-8320					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					