

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729611

FILED
Jan 05, 2005
Secretary of State

Entity Name: THE BON BINI CONDOMINIUM APARTMENTS, INC.

Current Principal Place of Business:

1450 NORTH RIVERSIDE DRIVE
POMPANO BEACH, FL 330623319

New Principal Place of Business:

Current Mailing Address:

1450 NORTH RIVERSIDE DRIVE
#203
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 59-1697022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMARS, TRICIA A
1450 NORTH RIVERSIDE DRIVE
#203
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DEMARS, TRICIA A
Address: 1450 N. RIVERSIDE DR. APT. 203
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: DEVLIN, JACQUELINE
Address: 1450 N. RIVERSIDE DR #105
City-St-Zip: POMPANO BCH, FL 33062

Title: P () Delete
Name: CLOUSE, TONY
Address: 134 HILLS HOLLOW ROAD
City-St-Zip: GOODLETTSVILLE, TN 37072

Title: VP () Delete
Name: PARISH, GERALD
Address: P O BOX 126
City-St-Zip: FRANKLIN, OH 45005 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TRICIA DEMARS

SEC/

01/05/2005

Electronic Signature of Signing Officer or Director

Date