

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729611

FILED  
Jul 05, 2006  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

MAHANGER, DANIEL J  
1450 NORTH RIVERSIDE DRIVE  
#108  
POMPANO BEACH, FL 33062 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: DANIEL J. MAHANGER

07/05/2006

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: STD (X) Change ( ) Addition  
Name: MAHANGER, DANIEL J  
Address: 1450 N. RIVERSIDE DR. APT. 203  
City-St-Zip: POMPANO BEACH, FL 33062

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 Chapter 119, 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: DANIEL J. MAHANGER

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07/05/2006

Electronic Signature of Signing Officer or Director

Date