

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 750687

1. Entity Name
CIRCLE ONE CONDOMINIUM, INC.



FILED
08 AUG 28 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2601 N.W. 56TH AVE
SUITE B105
LAUDERHILL, FL 33313 US

Mailing Address
2601 N.W. 56TH AVE
SUITE B105
LAUDERHILL, FL 33313 US



2. Principal Place of Business - No P.O. Box #
46 Benchmark Property Mgmt.
Suite, Apt. #, etc.
7932 Wiles Road
City & State
Coral Springs, FL
Zip
33067
Country
USA

3. Mailing Address
46 Benchmark Property Mgmt.
Suite, Apt. #, etc.
7932 Wiles Road
City & State
Coral Springs, FL
Zip
33067
Country
USA

07282008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
MARTIN, ROBERT C ESQ
MARTIN & BENNIS, P.A.
319 S.E. 14TH STREET
FT. LAUDERDALE, FL 33316

4. FEI Number
59-2057502

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street KATZMAN GARFINKEL
1501 NW 49th Street, Suite 202
Fort Lauderdale, Florida 33309
City
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 obligation of registered agent.

SIGNATURE LEIGH C. KATZMAN, ESQ. DATE 08-25-08

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D STEPHENSON, MARK 2183 N. POWERLINE ROAD, #1 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, RAY 2611 N.W. 56TH AVENUE, #A513 LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700135603887 <input type="checkbox"/> Addition 09/09/08--01026--020 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT, SIMONE 2611 N.W. 56TH AVENUE, #A106 LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENZAKEN, MEIR 2075 N. POWERLINE RD., #3 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXIS, JEAN 2611 N.W. 56TH AVENUE #A424 LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: RAY A. PRICE / PRESIDENT DATE 8/29/08 DAYTIME PHONE # 954.540.8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR