

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750687

FILED
Apr 22, 2009
Secretary of State

Entity Name: CIRCLE ONE CONDOMINIUM, INC.

Current Principal Place of Business:

C/O BENCHMARK PROPERTY MANAGEMENT
7932 WILES ROAD
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

C/O BENCHMARK PROPERTY MANAGEMENT
7932 WILES ROAD
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 59-2057502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 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: D () Delete
Name: STEPHENSON, MARK
Address: 2183 N. POWERLINE ROAD, #1
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: PD () Delete
Name: PRICE, RAY
Address: 2611 N.W. 56TH AVENUE, #A513
City-St-Zip: LAUDERHILL, FL 33313 US

Title: TD (X) Delete
Name: KNIGHT, SIMONE
Address: 2611 N.W. 56TH AVENUE, #A106
City-St-Zip: LAUDERHILL, FL 33313 US

Title: D () Delete
Name: BENZAKEN, MEIR
Address: 2075 N. POWERLINE RD., #3
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D (X) Delete
Name: ALEXIS, JEAN
Address: 2611 N.W. 56TH AVENUE #A424
City-St-Zip: LAUDERHILL, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: CHERY, MARCELLE
Address: 1844 NOB HILL ROAD #184
City-St-Zip: PLANTATION, FL 33322

Title: VP (X) Change () Addition
Name: SOWARD, TONY
Address: 2075 N POWERLINE ROAD, SUITE 3
City-St-Zip: POMPANO BEACH, FL 33069

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

Title: P (X) Change () Addition
Name: BENZAKEN, MEIR
Address: 2075 N. POWERLINE RD., #3
City-St-Zip: POMPANO BEACH, FL 33069 US

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

I hereby certify that the information supplied with this filing does not qualify 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: TONY SOWARD

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date