

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90041 013 ****61.25

DOCUMENT # 754722

1. Entity Name
JUSTIN PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**621 CATHCART ST.
UNITS 1-10
ORLANDO, FL 32803 US**

Mailing Address
**P.O. BOX 536293
ORLANDO, FL 32853-6293 US**

40055510



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2233489

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENKE, SCOTT
621 N CATHCART
4
ORLANDO, FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☒ Delete
NAME **D STOCKSDALE, PAUL**
STREET ADDRESS **621 CATHCART AVE #1**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D HALL, ART**
STREET ADDRESS **621 CATHCART AVE. #9**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BENKE, SCOTT**
STREET ADDRESS **621 CATHCART AVE #4**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D SIGER, LARRY**
STREET ADDRESS **621 N CATHCART AVE 6**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☒ Change ☐ Addition
NAME **VICE-PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D HILLMAN, GINNIE**
STREET ADDRESS **321 CATHCART AVE. #5**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **KELLYAN LAWING**
CITY-ST-ZIP **621 N. CATHCART AVE, #7**
ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **TOM EDWARDS**
CITY-ST-ZIP **621 N. CATHCART AVE, #8**
ORLANDO FL 32803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT BENKE

2/25/08

DATE

DAYTIME PHONE #