2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

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DOCUMENT # N0100008456 1. Entity Name ST. MORITZ RESIDENTS' ASSOCIATION, INC.								r		•	030 ****6	
% BENSON'S INC. % BI 12650 WHITEHALL DR. 1269				Mailing Address % BENSON'S INC. 12650 WHITEHALL DR. FT. MYERS, FL 33907-3619				1103/101	17:2: 1/2: 10: 11 10: 1	- : : :4.	1. SENS BIET ENE E	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01292008	Chg-NP	CR2E	(12/06)	
City & State			City & State				4	4. FEI Number Applied Fo 03-0398269 Not Applie			oplied For ot Applicable	
Zip	Zip Country			ρ	Cou	intry	5. Certificate of Status Desired					
	6. Name a	and Address of Curren	t Register	ed Agent		 	7	7. Name and	Address of Ne	w Registere	d Agent	i
VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907				Name			lress (P.C	7. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)				
						City				F	Zip Coo	le
	named entity tions of register	submits this statement l red agent.	for the purp	oose of changing its	registere	ed office or reg	gistered	agent, or bot	h, in the State o	of Florida. I a	m familiar with	, and accept
SIGNATURE .	Signature, typed or	r printed name of registered ager	nt and title if ap	plicable. (NOTE	: Registere	d Agent signature re	required wh	ren reinstating)		DATI	£	
SIGNATURE .	Filing Fee	r printed name of registered ager b is \$61.25 ay 1, 2008	rn and title if ap	9. Election Can Trust Fund C	npaign F	inancing	. \$	en reinstating) 5.00 May B	e	Make che	eck payable sartment of S	i
	Filing Fee	o is \$61.25 ay 1, 2008		9. Election Can Trust Fund C	npaign F Contribut	inancing	\$ 3 A	5.00 May B		Make che Florida Dep	eck payable to sartment of S	tate
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12. Thereby 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 kilstee 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: X

CITY-ST-ZIP

SIGNATURE AND TYPED OR REMITED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #