2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# N02164

Entity Name: BENNETT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

201 NW 82ND AVENUE
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

COM REAL
PO BOX 266920
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 59-2438926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIYOU, ASHLEY
8201 W BROWARD BLVD
ADMINISTRATION
PLANTATION, FL 33324

Name and Address of New Registered Agent:

HIXSON, ASHLEY
8201 W BROWARD BLVD
ADMINISTRATION
PLANTATION, FL 33324

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: ASHLEY HIXSON 07/13/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: CALZADILLA, MIGUEL
Address: 201 NW 82ND AVE
City-St-Zip: PLANTATION, FL 33324

Title: PD ( ) Delete
Name: HIYOU, ASHLEY
Address: 8201 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

Title: VPD ( ) Delete
Name: YUSOOF HAMUTH,MD,
Address: 201 NW 82ND AVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: HIXSON, ASHLEY
Address: 8201 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

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 Section 119.07(3)(i), 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: ASHLEY HIXSON PRES 07/13/2004
Electronic Signature of Signing Officer or Director Date