

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02164

FILED  
May 29, 2008  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BEAUVOIR, SUZANNE  
8201 W BROWARD BLVD  
ADMINISTRATION  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

CIHAK, SCOTT  
8201 W BROWARD BLVD  
ADMINISTRATION  
PLANTATION, FL 33324 US

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: SCOTT CIHAK

05/29/2008

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: CIHAK, SCOTT  
Address: 8201 W BROWARD BLVD  
City-St-Zip: PLANTATION, FL 33324

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: KHAN, SABIKA DR  
Address: 201 NW 82ND AVE  
City-St-Zip: PLANTATION, FL 33324

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

Title: VPD (X) Change ( ) Addition  
Name: HAMUTH, YUSOOF DR  
Address: 201 NW 82ND AVE  
City-St-Zip: PLANTATION, FL 33324

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: SCOTT CIHAK

PD

05/29/2008

Electronic Signature of Signing Officer or Director

Date