

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000004908**

1. Entity Name  
**REDONDA INDUSTRIAL CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**4360 36TH STREET  
ORLANDO, FL 32811**

Mailing Address  
**4360 36TH STREET  
ORLANDO, FL 32811**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**13-4281456**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DORFF, WILLIAM  
4360 36TH STREET  
ORLANDO, FL 32811**

**DO NOT WRITE  
IN THIS SPACE**

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

**U000000783536  
01/16/08-80018-025 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORFF, WILLIAM 4360 36TH STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENKIRAN, MHAMED 4360 36TH STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIGLIO-BENKIRAN, MICHELLE 4360 36TH STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORFF, WILLIAM 4360 36TH STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #