

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90085 012 ****61.25

DOCUMENT # N05000003667

1. Entity Name
BENNETTON CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
3968 N. MONROE ST.
TALLAHASSEE, FL 32303

Mailing Address
3968 N. MONROE ST.
TALLAHASSEE, FL 32303

40100410



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3729402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SBORDONE, LEANN
3968 N. MONROE STREET
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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, 2007**

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

TITLE P ☐ Delete
NAME MARKUNAS, KARL
STREET ADDRESS 241 DIXIE DRIVE #107
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE S ☐ Delete
NAME SOKOLA, TOMMY
STREET ADDRESS 1603 RIVERVIEW DR.
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE T ☐ Delete
NAME KRAMPERT, RICK
STREET ADDRESS 1237 RIDGE GROVE DRIVE SOUTH
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ~~MD~~ ☒ Delete
NAME SBORDONE, LEANN
STREET ADDRESS P.O. BOX 180657
CITY-ST-ZIP TALLAHASSEE, FL 32318

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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

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:

Leann Sbordone, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

850-562-8708

Daytime Phone #