## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # N05000003667 08 MAR 24 AM 8: 03 BENNETTON CONDOMINIUMS ASSOCIATION, INC. Principal Place of Business Mailing Address 3968 N.MONROE ST. 3968 N.MONROE ST. TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 344 CAPITAL CIRCLE Po Box 13089 Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 20-3729402 City & State Applied For FL FL 10-11a Tallahassee Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired WA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rhine SBORDONE, LEANN 3968 N. MONROE STREET TALLAHASSEE, FL 32303 Street Address (P.O. Box Number is Not Acceptable) Zip Code City SSCO 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Sccretary **Change ⊠** Delete TITLE Addition TITLE Joh nna Ruditz MARKUNAS, KARL NAME NAME 3482 LENUX MILL Rd 241 DIXIE DRIVE #107 STREET ADDRESS STREET ADDRESS TALLAHÁSSEE, FL 32304 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32309 President Change Change TITLE ☐ Delete TITLE ☐ Addition SOKOLA, TOMMY NAME NAME STREET ADORESS 1603 RIVERVIEW DR. STREET ADDRESS MELBOURNE, FL 32901 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change  $\square$  Addition TITLE KRAMPERT, RICK NAME NAME STREET ADDRESS 1237 RIDGE GROVE DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 700120969407 NAME NAME 03/24/08--01001--029 STREET ADDRESS STREET ADDRESS \*\*61.25 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filips does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supplier of the corporation or the rec changed, or on an attac

OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #