

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # N07900

1. Entity Name
BENEVA CREEK LAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O LAWRENCE M. HANKIN
1820 RINGLING BLVD
SARASOTA, FL 34236**

Mailing Address
**C/O LAWRENCE M. HANKIN
1820 RINGLING BLVD
SARASOTA, FL 34236**



01312006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0323403

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEELE, JOHN M.
921 S. BENEVA ROAD
SARASOTA, FL 34232**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000423723
02/18/06-80010-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEELE, JOHN M.
STREET ADDRESS	921 S. BENEVA RD.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VSD
NAME	STARLING, FRED M.
STREET ADDRESS	2201 CANTU OX SUITE 100
CITY-ST-ZIP	SARASOTA, FL
TITLE	STD
NAME	HANKIN, LAWRENCE M.
STREET ADDRESS	1820 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
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

1/31/06 (941) 922-5071
Date Daytime Phone #