FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N14589

(8)

BIENESTAR CONDOMINIUM ASSOCIATION, INC.						1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Principal Pla	ce of Business	Mailing Address		····					
1230 PERSHING WAY WEST PALM BCH FL 33401 US		230 PERSHING WAY WEST PALM BCH FL 33401 US				3. Date Incorporated or Qualified			
					L	04/25/1986			
•					- [4. FEI Number			pplied For
9 Delevieral	Class of Business	Do Martin and Address				<u>65-0059526</u>			lot Applicable
21 Principal	Place of Business	2a. Mailing Address 28			_	5. Certificate of Status Desired			Additional Required
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00	May Be	
City & State		27			Trust Fund Contribution		Added		
		City & State			7	 Is this nonprofit corporation a h 			on?
Žip	Country	Zip	Count	n.				No	
· `	25	⊢ ` ⊢	30	u y	'	8. This corporation owes or has p Personal Property Tax due June	_		ntangible □ No
24	9. Name and Address of Curre			10	D. Name and Address of New R			<u></u>	
-			8	1 Name					
FRANK, NATALIE M. (CAM)				2 Street	Address	(P.O. Box Number is Not Accepte	ible)		
	TECHNIK		L			(1.0. Dox 175/150) to 110/1000pts			
	rshing way Beach fl 33401		[8	3					
PALM	CAUN FL 33901		8	4 City			FL	85 Zip	Code
11. Pursuani	to the provisions of Sections 617.05 registered agent, or both, in the Stal am familiar with, and accept the obli	02 and 617.1508, Florida Statute	s, the abo	ve-named	corporat	tion submits this statement for the	purpose of	changing	its registered
agent. I	am familiar with, and accept the obli	gations of, Section 617.0503, Flor	ida Statut	Oy the Cor :05.	porations	s board of directors, I nereby acce	abt the abb	ORIUTION &	s registered
	Signature, typed or printed name of registered a	gent and title it applicable. (NOTE:		gent signature	e required wh	ien reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PD (FT. I. DEDTA	DELETE 1.11			P	T. T. 1. 21 / / A AA		Change	Addition
NAME	VITALE, ALBERTO		1.2 NAM		WHE	GRACE TRAIL +	4		
STREET ADDRESS	135 GRACE TRAIL		1.3 STRE	ET ADDRESS	151	GRACE TRAIL	/		
CITY-ST-ZIP	PALM BEACH FL	Dr. cor	1.4 CITY						Addition
TITLE	\$TD				MAL	M BEACH, FL		A	
NAME	HOWARD, HAL	☐ DELETE	2.1 TITLE			M BEACH, FL		☐ Change	P) Andition
STREET ADDRESS	•	LJ Vetere	2.2 NAM	E				☐ Change	Y ADDITION
	151 GRACE TRAIL #1	C percie	2.2 NAM 2.3 STRE	e et address				☐ Change	∑i voqilioti
CITY-ST-ZIP	151 GRACE TRAIL #1 PALM BEACH FL		2.2 NAM 2.3 STRE 2.4 City	e et address (-st-zip					
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information Indicated on this annual report or suppliemental annual 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 by the receiver or trustee employeered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in

FILED

May 20 1998 8:00am

Secretary of State