2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N14589

1. Entity Name
BIENESTAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
151 GRACE TRAIL PALM BEACH, FL 33480 US	230 PERSHING WAY WEST PALM BCH, FL 33401 US

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03122003 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0059526
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANK, NATALIE M. (CAM)
%PRO TECHNIK
230 PERSHING WAY
PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000161144
052104-80001-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, WILLIAM
STREET ADDRESS	151 GRACE TRAIL #4
CITY-ST-ZIP	PALM BEACH, FL
TITLE	PD
NAME	VITALE, ALBERTO
STREET ADDRESS	135 GRACE TRAIL
CITY-ST-ZIP	PALM BEACH, FL
TITLE	M
NAME	FRANK, NATALIE
STREET ADDRESS	230 PERSHING WAY
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	STD
NAME	HOWARD, HAL B
STREET ADDRESS	151 GRACE TRAIL #1
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	COLLINS, SHELIA
STREET ADDRESS	151 GRACE TRAIL #3
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Hal B Howard HAL B HOWARD 5/19/04 (561) 833-3294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec/Treas. Date (212) 319-8224
Daytime Phone #