

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14589

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** BIENESTAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

151 GRACE TRAIL  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

230 PERSHING WAY  
WEST PALM BCH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 65-0059526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITE, WILLIAM  
Address: 151 GRACE TRAIL #4  
City-St-Zip: PALM BEACH, FL

Title: PD ( ) Delete  
Name: VITALE, ALBERTO  
Address: 135 GRACE TRAIL  
City-St-Zip: PALM BEACH, FL

Title: M ( ) Delete  
Name: FRANK, NATALIE,  
Address: 230 PERSHING WAY  
City-St-Zip: W. PALM BEACH, FL

Title: STD ( ) Delete  
Name: HOWARD, HAL B  
Address: 151 GRACE TRAIL #1  
City-St-Zip: PALM BEACH, FL

Title: D ( ) Delete  
Name: COLLINS, SHELIA  
Address: 151 GRACE TRAIL #3  
City-St-Zip: PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL B. HOWARD

STD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date