2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 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

03132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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 _____ 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 May 1, 2008

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

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	

U00000880116
104/22/08-80082-001 61.25

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: Hal B Howard HAL B HOWARD, STD 04/02/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #