
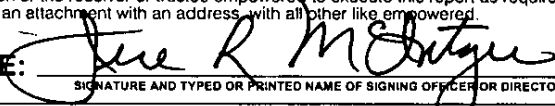


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90346 033 ****61.25

DOCUMENT # N34584 1. Entity Name BENOIST FARMS INDUSTRIAL PARK NORTH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 551 BENOIST FARMS RD. W. PALM BEACH, FL 33411 US			Mailing Address 300 PIKE STREET CINCINNATI, OH 45202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 65-6037055				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEISS, NORBERT C PD 300 PIKE STREET CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Mark D. Schaefer 300 Pike St. Cincinnati Oh 45202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, WILLIAM C VPD 300 PIKE STREET CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dan Muchmore 300 Pike St Cincinnati Oh 45202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD EISENHARDT, JAMES E VPSD 300 PIKE STREET CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Mary J. Colebrook 300 Pike St Cincinnati Oh 45202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4-16-08 613/419-6030		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		