Applied For

\$8.75 Additional

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N36342**

## BENCHMARK INDUSTRIAL CONDOMINIUM ASSOCIATION, IN

Principal Place of Business
485-C STAN DRIVE
MELBOURNE FL 32904
us

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

485-C STAN DRIVE MELBOURNE FL 32904

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

## **FILED** Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90008 026 \*\*\*\*61.25

|--|--|--|--|--|

3. Date Incorporated or Qualifed

01/24/1990

59-2981503

4. FEI Number

596120 - 90008 - 26

Zip   Country   Zip   Country   St.   Countr
24 25 29 30 Trust Fund Contribution Added to Fee  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  LUTHY, LISA ANN  485-A STAN DR.  MELBOURNE FL 32904  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  MME MOORE, TIMOTHY N.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  MELBOURNE FL 32904  14.CITY-ST-ZIP  MELBOURNE FL 32904  TITLE  STD D DELETE  21.TITLE  Change
9. Name and Address of Current Registered Agent  LUTHY, LISA ANN 485-A STAN DR. MELBOURNE FL 32904  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  MOORE, TIMOTHY N.  12 NAME  MOORE, TIMOTHY N.  12 NAME  STID  DELETE  13 STREET ADDRESS  MELBOURNE FL 32904  14 CITY-ST-ZPP  TIME  STD  DELETE  21 TITLE  Change
LUTHY, LISA ANN 485-A STAN DR. MELBOURNE FL 32904  82 Street Address (P.O. Box Number is Not Acceptable)  83   11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  PD  MAKE  MOORE, TIMOTHY N.  12. NAME  STREET ADDRESS  CITY-ST-ZIP  MELBOURNE FL 32904  14. CITY-ST-ZIP  MELBOURNE FL 32904  15. TITLE  Change  Ch
LUTHY, LISA ANN  485-A STAN DR.  MELBOURNE FL 32904  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City   FL   85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  MOORE, TIMOTHY N.  12 NAME  STREET ADDRESS  STREET ADDRESS  MELBOURNE FL 32904  14.CITY-ST-ZIP  TITLE  STD  DELETE  1.1 TITLE  Change  Change  Change  Change  Change  Change  Change
485-A STAN DR.  MELBOURNE FL 32904  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  MOORE, TIMOTHY N.  12 NAME  MOORE, TIMOTHY N.  13 STREET ADDRESS  CITY-ST-ZIP  MELBOURNE FL 32904  14 CITY-ST-ZIP  TITLE  STD  LUTHY, LISA ANN  10 DELETE  21 TITLE  22 NAME  22 NAME
485-A STAN DR.  MELBOURNE FL 32904  84 City  FL 85 Zip Code  85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MOORE, TIMOTHY N.  12 NAME  MOORE, TIMOTHY N.  STREET ADDRESS  CRY-ST-ZIP  MELBOURNE FL 32904  14 CITY-ST-ZIP  TITLE  STD  LUTHY, LISA ANN  City Code  15. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ACTIVE ST. ZIP  Change  Change  Change  Change
### PD ### DELETE 1.1 TITLE ### MOORE, TIMOTHY N.  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
TITLE PD DELETE 1.1 TITLE MOORE, TIMOTHY N. 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 1.4 CITY-ST-ZIP LUTHY, LISA ANN DELETE 2.1 TITLE LUTHY, LISA ANN DELETE 2.2 NAME LUTHY, LISA ANN DELETE LUTHY LISA ANN DELETE LOTHERS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTILE 1.3 STREET ADDRESS CITY-ST-ZIP LACTY-ST-ZIP LACTY-ST-ZIP CHANGE CITY-ST-ZIP LACTY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE PD DELETE 1.1 TITLE 1.2 NAME MOORE, TIMOTHY N. 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 485-A STAN DRIVE 1.3 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE 1.1 TITLE 1.1 Change 1.2 NAME LUTHY, LISA ANN 2.2 NAME
MAME MOORE, TIMOTHY N. 12 NAME STREET ADDRESS 485-A STAN DRIVE 1.3 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE NAME LUTHY, LISA ANN 22 NAME
STREET ADDRESS         485-A STAN DRIVE         1.3 STREET ADDRESS           CITY-ST-ZIP         MELBOURNE FL 32904         1.4 CITY-ST-ZIP           TITLE         STD         DELETE         2.1 TITLE           NAME         LUTHY, LISA ANN         2.2 NAME
STREET ADDRESS         485-A STAN DRIVE         1.3 STREET ADDRESS           CITY-ST-ZIP         MELBOURNE FL 32904         1.4 CITY-ST-ZIP           TITLE         STD         DELETE         2.1 TITLE           NAME         LUTHY, LISA ANN         2.2 NAME
CITY-ST-ZIP         MELBOURNE FL 32904         1.4 CITY-ST-ZIP           TITLE         STD         DELETE         2.1 TITLE           NAME         LUTHY, LISA ANN         22 NAME
TITLE         STD         DELETE         2.1 TITLE         Change         Change           NAME         LUTHY, LISA ANN         22 NAME
NAME LUTHY, LISA ANN 22 NAME
STREET ADDRESS 485-A STAN DRIVE 23 STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP MELBOURNE FL 32904 2.4 CITY-ST-ZIP
TILE VD DELETE 3.1 TITLE Change
NAME KARP, JAMES 32 NAME
STREET ADDRESS 991 PENELOPE AVE., NE 3.3 STREET ADDRESS
CITY-ST-ZIP PALM BAY FL 32907 34. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS

14. 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 supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIF

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ DELETE

□ DELETE

m10~0a

☐ Change

☐ Change

☐ Addition

Addition