2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004160

FILED Apr 21, 2004 Secretary of State

Entity Name: THE TRAILS AT BENT CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	WN POINT RD			
SUITE A JACKSON	IVILLE, FL 3225	57		
Current N	lailing Address	s:	New Mailing Address	s:
3840 CRC	WN POINT RD			
SUITE A JACKSON	IVILLE, FL 3225	57		
El Number	: 13-4219404	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
10192 SAI	, CLIFFORD B N JOSE BLVD IVILLE, FL 3229	57 US		
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,
n the Stat	e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,
n the Stat	e of Florida. RE:	ubmits this statement for the c Signature of Registered Ag		d office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE:	c Signature of Registered Ag	ent	
n the Stat SIGNATU	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Ag F ORS: Delete RK A T RD STE A	ent	Date
n the Stati SIGNATU DFFICER Title: Jame: Address:	e of Florida. RE: Electroni S AND DIRECT PD () KNOWLES, MAF 3840 CROWN P JACKSONVILLE	c Signature of Registered Ag **TORS:* Delete RK A T RD STE A , FL 32257 Delete ERLY J T RD STE A	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK A. KNOWLES P 04/21/2004