

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004160

FILED
Apr 23, 2005
Secretary of State

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

Current Principal Place of Business:

3840 CROWN POINT RD
SUITE A
JACKSONVILLE, FL 32257

New Principal Place of Business:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

Current Mailing Address:

3840 CROWN POINT RD
SUITE A
JACKSONVILLE, FL 32257

New Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

FEI Number: 13-4219404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

WALLACE, DENISE L
920 THIRD STREET
STE B
NEPTUNE BEACH, FL 32266 US

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: DENISE L WALLACE

04/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNOWLES, MARK A
Address: 3840 CROWN PT RD STE A
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: HOLLAND, BEVERLY J
Address: 3840 CROWN PT RD STE A
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD () Delete
Name: HART, CURTIS L
Address: 3840 CROWN PT RD STE A
City-St-Zip: JACKSONVILLE, FL 32257

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:

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

04/23/2005

Electronic Signature of Signing Officer or Director

Date