


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90411 010 ****61.25

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|--|---|---|--|---|----------------------|
| DOCUMENT # N03000007195 | | | |  | |
| 1. Entity Name BENT OAK AT MEADOWRIDGE HOMEROWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2479 ALOMA AVE WINTER PARK, FL 32792 | | | Mailing Address P.O. BOX 1748 WINTER PARK, FL 32790-1748 | | |
| 2. Principal Place of Business - No P.O. Box # 400 W. Morse Blvd. | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. Ste 101 | | Suite, Apt. #, etc. | | | |
| City & State Winter Park, FL | | City & State | | | |
| Zip 32789 | Country | Zip | Country | 4. FEI Number 20-0577619 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GARDNER, ANDREW M 2479 ALOMA AVE WINTER PARK, FL 32792 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 400 W. Morse Blvd | |
| | | | | Ste 101 | |
| | | | | City Winter Park | FL Zip Code 32789 |
| 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) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | DV PARK, JIM 2479 ALOMA AVE WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400 W. Morse Blvd, Ste 101 Winter Park, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GARDNER, CHRISTOPHER J 2479 ALOMA AVE WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400 W. Morse Blvd, Ste 101 Winter Park, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT GARDNER, ANDREW M 2479 ALOMA AVE WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400 W. Morse Blvd, Ste 101 Winter Park, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: Andrew Gardner | | | | Date: 4/19/07 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | |
| | | | | <small>Daytime Phone #</small> | |